

New Hope Christian Academy

Application for Enrollment

NOTE: This application does not assure final enrollment, but provides information upon which a decision will be based. Some questions are not applicable for kindergarten students.

Date: _____

Part I Student Information >>>>>>>>

Student's Name: _____
(First) (Middle) (Last)

Age _____ Sex _____ Birthdate _____

Grade Level for Upcoming Term _____ School Last Attended _____

Has student ever had any disciplinary difficulty in school? _____

If yes, explain. _____

Has student ever been expelled, suspended, or refused admission to another school? _____

If yes, explain. _____

Does your child receive special services from his/her current school? (i.e. tutoring, Title I, etc.) _____ If yes, please describe. _____

List special interests or hobbies of the student. _____

Are there any unusual factors in the child's life? (Absence of father or mother, unusual accidents, serious illness, etc.)

(continued)

Does your child regularly receive medication? Yes _____ No _____

Type: _____ Reason: _____

Does your child make friends readily? _____

Are you satisfied with the education of your child at this point in time? _____

If not, in what areas do you desire improvement? _____

What are your child's weaknesses? _____

What are your child's strengths? _____

How do you gauge your child as a student? (Circle One)

Excellent Good Average Fair Poor Slow

What, in your opinion, motivates your child to learn? _____

What forms of discipline have you found effective with your child? (e.g. corporal punishment, encouragement, taking away privileges, etc.)

What character trait of your child do you value the greatest? _____

What contribution does your child make to his/her family? (i.e. household chores, etc.)

Part II Parent Questionnaire >>>>>>>>

Are you applying for admission of all your children of school age? _____

If no, what is your reason? _____

List special interests or hobbies you do together as a family _____

What practices do you follow that provide spiritual strength for your family? _____

How much time per day do your children spend watching TV? _____

How did you become interested in this school? _____

State briefly why you want your child(ren) to attend this school? _____

In your opinion, what is a Christian School? _____

What do you think are the characteristics of a Christian family? _____

I hereby affirm that all of the information contained in this application is true and accurate to the best of my knowledge.

Parent/guardian #1 signature Date _____ Date