

North Georgia Christian Academy Application for Student Enrollment

Student Information (Grade Entering _____) **School Year Applying For:** _____

If **PreK** please mark one: _____ **5 full days** _____ **5 ½ days** _____ **3 full days** _____ **3 ½ days**

First Name: _____ Middle Name: _____ Last Name: _____

Goes by: _____ Age: _____ DOB: ____/____/____ Birthplace: _____

Gender: Boy Girl Race: _____ (IRS Requirements)

911 Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip Code: _____ Home Telephone: () _____

Family Information

Student Lives With: Both Parents Father Only Mother Only Father/Stepmother Mother/Stepfather
 Grandparents Other _____

If divorced, do both parents have equal access to student information? Yes No

If **No**, official legal documentation stating such must be submitted to the NGCA office.

Father/Guardian

First Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

E-Mail: _____

Work Phone: _____

Occupation/Title: _____

Employer: _____

Fax: _____

Mother/Guardian

First Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

E-Mail: _____

Work Phone: _____

Occupational/Title: _____

Employer: _____

Fax: _____

Stepfather/Guardian

First Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

E-Mail: _____

Work Phone: _____

Occupation/Title: _____

Employer: _____

Fax: _____

Stepmother/Guardian

First Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

E-Mail: _____

Work Phone: _____

Occupational/Title: _____

Employer: _____

Fax: _____

Grandparents

Maternal

Full Names: _____ Phone: () _____

Address: _____ City: _____ State: _____ Zip: _____

E-Mail Address: _____

Paternal

Full Names: _____ Phone: () _____

Address: _____ City: _____ State: _____ Zip: _____

E-Mail Address: _____

Siblings

Name: _____ Age: _____ Grade: _____ Enrolled at NGCA? Yes No

Name: _____ Age: _____ Grade: _____ Enrolled at NGCA? Yes No

Name: _____ Age: _____ Grade: _____ Enrolled at NGCA? Yes No

Name: _____ Age: _____ Grade: _____ Enrolled at NGCA? Yes No

Name: _____ Age: _____ Grade: _____ Enrolled at NGCA? Yes No

Educational Information

Current Grade: _____ Current School: _____

School Address: _____

City: _____ County: _____ State: _____ Zip: _____

Years Attended: _____

Please answer the following questions. With the exception of the last question, please explain all “yes” responses in the Additional Comments section of this application.

Has your student ever repeated a grade? Which one? _____ Yes No

Has your student ever been suspended, expelled, or refused admission to any school? Yes No

Does your student have a learning, social, physical, or emotional handicap that may affect learning or school activities? Yes No

Has your student ever been referred for or received professional, educational, psychological or personal counseling? Yes No

Has your student ever been tested for giftedness or learning disabilities? Yes No

If you answered yes to the question above, do you have access to the results? Yes No

Has your student ever been diagnosed w/ADD or ADHD? Yes No

If you answered yes to the question above, has your student ever been recommended by a doctor to take medication? Yes No

If you answered yes to either of the two previous questions, please provide a thorough explanation on a separate sheet of paper and attach it to the application.

Has your student ever had any behavioral problems? Yes No

Has your student ever been involved with drugs or alcohol? Yes No

Has your student ever been brought before a law enforcement agency or court? Yes No

Has your current school denied re-enrollment? Yes No

Do you understand that North Georgia Christian Academy is unable to admit students with certain learning disabilities due to lack of adequate staff, funding and facilities and that children who have been diagnosed with lesser learning disabilities are required to meet the same academic and behavior standards as all other children in their grade level? Please initial _____ Yes No

Additional Comments: _____

Spiritual Information

The mission of North Georgia Christian Academy is to assist Christian parents in the education of their children. We strongly encourage that all families applying to North Georgia Christian Academy be regular attendees to a church of their choice. True education takes place when the home, church and school are united behind God's word.

What church does your family attend? _____ Pastor's Name _____
Address of Church: _____

Does the applicant attend regularly? Sunday School Yes _____ No _____ Church Yes _____ No _____
Does the father attend regularly? Sunday School Yes _____ No _____ Church Yes _____ No _____
Does the mother attend regularly? Sunday School Yes _____ No _____ Church Yes _____ No _____

Testimony of personal Christian experience and faith: (use a separate sheet of paper if necessary.)

Father: _____

Mother: _____

State briefly why you wish your child(ren) to attend NGCA. _____

How do you anticipate that NGCA will help support what you are trying to achieve at home? _____

Is there anything in our documents that is inconsistent with your own theological convictions or that you cannot support? _____ If yes, please explain. _____

Do you know any families that are currently attending or have attended NGCA in the past? If so, please list.

How did you hear about NGCA?
___ Yellow Pages ___ Friend/Family Member ___ Frontage Sign ___ Cable TV Ad.
___ Web Site ___ Newspaper Ad/Article ___ Radio ___ Other _____

North Georgia Christian Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities made available to students of the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational and admission policies, scholarship, athletic or other school administered programs.

Certification

To the best of my knowledge, the information provided in this application is true and accurate. I understand that any intentional misrepresentation of any information in this application will jeopardize enrollment or result in possible dismissal.

Father, Stepfather or Legal Guardian

Date

Mother, Stepmother or Legal Guardian

Date