PLEASE ATTACH RECENT PHOTO



New Covenant Academy 310 Extension Street Mansfield, Pennsylvania 16933 tel. 570.662.2996; fax 570.662.0272 email: info@ncalions.org

Date of Application	
Application Fee	
Interview	_
Locker#	
Student ID #	
Welcome PacketSent	

ELEMENTARY PreK - 5 APPLICATION FOR ENROLLMENT SCHOOL Year 2019 - 2020

Please CIRCLE grade:	Pre-K Pre-K (2 Full Days) (3 Full Days) (5	5 Full Days) (3 Full Days)	(5 Full Days)	3.4	4 5	
Student's Legal Name	first middle	last	(name student uses)		student em	ail
Physical Address						
stree		city	y	state	zip code	
Phone ()	Sex	Date of Birth	Social Secur	rity		
Current School			Phone #	(_)	
Address						
street		city	y	state	zip code	
Previous Schoolnam		street	city		state	zip code
Previous School			city			
How did you hear about us? Did a family from this school	•					
FATHER / STEP-FATHER	/ GUARDIAN (ple	<u>ase circle)</u>				
Name]	Living with student?			
Occupation	Emj	oloyer				
Business Phone ()	Cell Pho	one ()	Website			
MOTHER / STEP-MOTHE	ER / GUARDIAN (p	<u>lease circle)</u>				
Name		1	Living with student?			
Occupation	Em	ployer				
Pusinass Dhona (Call Db.	ono (Wahsita			

Why do you want to enroll this student at New Covenant Academy?
<u>SCHOOL</u>
Check at what level the student is working: Honors or Gifted/Talented) Above grade level Below grade level
Has the student ever had any diagnosed/documented learning difficulties? Yes No
If yes, please comment on the diagnosis, date of documentation, treatment and current status (and provide documentation).
Are any financial or other obligations still owed to current or previous school(s)? Yes No If yes, please explain.
Does the student need any special consideration for a physical disability? Yes No If yes, please explain.
Has the student ever been refused admittance, asked to withdraw, or expelled from a school? Yes No If yes, please explain.
Is the student presently in good standing (eligible for immediate re-admission) with the school last attended? Yes No If no, please explain.

•	as parent(s) to support ALL of the policies and st olled here? Yes No	andards of New Covenant A	Academy as long as your
CHRISTIAN	N BACKGROUND (Please answer all questions)		
Bible	Do you believe the Bible to be the ONLY inspenditures of faith, truth and conduct?	ired and infallible Word of	God, our final authority in all
	Yes No Signature of Father		
	Yes No Signature of Mother		
Statement of Faith	Please carefully read our Statement of Faith (or	nline) and indicate below yo	our degree of support.
	I fully support the Statement of Faith as written	n without reservation.	
	Yes No Signature of Father		
	Yes No Signature of Mother		
	If no for either parent, please explain on a sepo	arate sheet of paper.	
Church	Name of the church you attend		City
	Name of Pastor	Church Phone ()
	Are you presently a member in good standing a	and regularly attending a lo	cal church?
	Father Yes, for years N Mother Yes, for years N Student Yes, for years N	Ло Ло Ло	
<u>FAMILY</u>			
Describe the a	applicant's creative activities (musical, artistic, lite	erary, etc.).	
Is there anything	ing else you'd like to tell us about your student?		

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Pastor's Reference Form For Application to New Covenant Academy

Parer	nt's Name
Appl	icant's Name
	bove named family and student have applied for entrance to New Covenant Academy. We would appreciate your confidential nents on the applicant's maturity, stability, temperament, and Christian character.
have i	e keep in mind that the mission of New Covenant Academy is to teach and train Christian students for maturity in the Lord. We not been established to convert students to Christianity or to act as a reform school for the backslidden or spiritually rebellious nt. Also, every child attending NCA will affect their classmates and others. We do recognize that some younger elementary nts are still under the covering of their parents and may not have made a personal decision for Christ at the time of application.
rely h	it is impossible for us to determine the spiritual motivation and character of a family or student in a short interview, we must eavily upon your recommendation. Please complete this evaluation for the family and the student named and return to us as soon saible. We cannot process this student's application until your evaluation is received.
	have not known this family or student long enough to make a fair evaluation, please pass this form on to a Christian leader who is them well.
Thank	c you for your help, and may God bless you richly.
RET	URN TO: NEW COVENANT ACADEMY 310 Extension Street Mansfield, PA 16933

1.	Do you believe the applicant and family to be committed Christians? Yes No
2.	How long have you been acquainted?
3.	In what ways is the applicant and the applicant's family involved in local ministry?
7.	To the best of your knowledge, does he/she use drugs, alcohol, or tobacco in any form? Yes No
8.	Would you recommend him/her, without reservation, for admittance to NCA? Yes No
Addi	tional comments regarding family:

Please check the following:	Excellent	Good	Fair	Poor
1. Spiritual depth and maturity				
2. Dedication to Christ				
3. Christian standards				
4. Ability to get along with others				
5. Follows instructions				
6. Cooperation				
7. Teachability				
8. General attitude				
9. Disposition				
10. General appearance				
11. Faithfulness to church				
12. Faithfulness to youth activities				
Please add any information that would better en	nable us to evaluate	e this stude	nt:	
☐ Please contact me about this applicant.				
Church and Biographical Information				
Name	How 1	ong have y	ou been pa	stor of this
Church Name			Phone (_)
Address				
street	city		state	zip code
Website	Email_			
Signature	 1	Date		