

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 Number# _____
Student E-Mail _____
Welcome Packet Sent _____

MIDDLE / HIGH SCHOOL
APPLICATION FOR ENROLLMENT SCHOOL Year 2018 - 2019
Applying for Grade _____

The information requested will be used to determine which students will be considered for admission to New Covenant Academy. **ALL information must be provided and ALL questions answered before this application will be processed.**

Student's Legal Name _____
first middle last (name student uses) student email

Physical Address _____
street city state zip code

Phone (____) _____ Sex ____ Date of Birth _____ Social Security _____

Current School _____ (phone #) _____ (fax #) _____

Address _____
street city state zip code

Previous School: _____
name street city state zip code

Previous School: _____
name street city state zip code

How did you hear about us? Friend Newspaper Sign Radio Other: _____

Did a family from this school refer you to us? Yes ___ No ___ If so, who? _____

FATHER / STEP-FATHER / GUARDIAN (please circle)

Name _____ Living with student? _____

Occupation _____ Employer _____

Business Phone (____) _____ Cell Phone (____) _____ Email: _____

MOTHER / STEP-MOTHER / GUARDIAN (please circle)

Name _____ Living with student? _____

Occupation _____ Employer _____

Business Phone (____) _____ Cell Phone (____) _____ Email: _____

OTHER CHILDREN UNDER 18 YEARS OF AGE LIVING WITH FAMILY

Name Age School Attending Grade Do you plan to enroll these children?

Name	Age	School Attending	Grade	Do you plan to enroll these children?

Please make a full statement as to why you want to enroll this student at New Covenant Academy. _____

SCHOOL

Why is student withdrawing from current school? _____

Why and how would the student be an asset to New Covenant Academy and its student body? _____

Has the student ever had any diagnosed/documentated learning difficulties? ___ Yes ___ No. If yes, please comment on the diagnosis, date of documentation, treatment and current status (and provide documentation with this application). _____

Other than as noted above, has the student demonstrated problems with reading comprehension, attention/focus, social skills, organization, memorization, or doing homework? ___ Yes ___ No. If yes, please comment: _____

Does the student take any medications for: Attention Deficit Disorder ___ Yes ___ No Emotional/ Psychological Condition ___ Yes ___ No Medical/Physical Condition ___ Yes ___ No and/or attend counseling for any of these conditions ___ Yes ___ No If yes, please comment. _____

Are any financial or other obligations still owed to current or previous school(s)? ___ Yes ___ No. If yes, please comment. _____

Does the student need any special consideration for a physical disability? ___ Yes ___ No If yes, please comment. _____

Has the student ever been retained a grade level? ___ Yes ___ No If yes, state grade, year, and circumstances: _____

Has the student attended summer school or a long-term tutoring program? ___ Yes ___ No. If yes, please comment. _____

Has the student ever been home-schooled? ___ Yes ___ No If yes, please provide details; year, grade level, etc.: _____

Has the student ever had **In-School** suspension? ___ Yes ___ No Has the student ever had **Off-Campus** suspension? ___ Yes ___ No If yes, to either please comment on *each* incident: _____

Has the student ever been refused admittance, asked to withdraw, or expelled from a school? ___ Yes ___ No
If yes, please comment: _____

Is the student presently in good standing (eligible for immediate re-admission) with the school last attended?
___ Yes ___ No If no, please comment. _____

Do you agree as parent(s) to support ALL of the policies and standards of New Covenant Academy as long as your student is enrolled here? ___ Yes ___ No

CHRISTIAN BACKGROUND (Please answer all questions)

Personal Testimony

Father: On the form provided please give your personal Christian testimony and salvation experience.

Mother: On the form provided please give your personal Christian testimony and salvation experience.

Student: On the form provided **in your own handwriting** please give your personal Christian testimony and salvation experience.

Bible Do you believe the Bible to be the ONLY inspired and infallible Word of God, our final authority in all matters of faith, truth and conduct?

___ Yes ___ No Signature of Father: _____

___ Yes ___ No Signature of Mother: _____

Statement of Faith Please carefully read our Statement of Faith (online) and indicate below your degree of support.

___ I fully support the Statement of Faith as written without mental reservations.

___ I support the Statement except for the area(s) listed and explained on a *separate paper*. The exceptions represent either disagreements or items for which I have not yet formed an opinion or conviction.

Signature of Father: _____

Signature of Mother: _____

Church What is your denominational preference? _____

Name of your local church affiliation _____

Address _____

Name of Pastor _____ Church Phone (____) _____

Are you presently a member in good standing and regularly attending a local church?

Father: ___ Yes, for ___ years ___ No

Mother: ___ Yes, for ___ years ___ No

Student: ___ Yes, for ___ years ___ No

In what church activities is your **family and student** involved and with what degree of regularity? Please be specific: _____

Devotional Life: Please describe your family's Bible study and prayer life: _____

FAMILY

Are you presently experiencing difficulty managing the applicant at home? ___ Yes ___ No. If yes, please comment. _____

What restrictions do you place on the applicant, socially or at home? _____

Please describe the multi-media influences in your home. (TV, video games, computer, internet; including Facebook, & Social Networking, cell phones, texting, etc.) Include the amount of time the applicant spends on each item: _____

Please place a check mark beside any of the following that apply or have applied to your child:

- | | | | |
|----------------------------------------|-----------------------------------|---------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Hyperactivity | <input type="checkbox"/> ADHD | <input type="checkbox"/> Violent or Aggressive Behavior | <input type="checkbox"/> Nervousness or Anxiety |
| <input type="checkbox"/> Depression | <input type="checkbox"/> ADD | <input type="checkbox"/> Talks Back/Argues With Parents | <input type="checkbox"/> Loses Temper Easily |
| <input type="checkbox"/> Dishonesty | <input type="checkbox"/> Seizures | <input type="checkbox"/> Disrespectful Attitude | <input type="checkbox"/> Frequent Headaches |
| <input type="checkbox"/> Vulgar Speech | <input type="checkbox"/> Truancy | <input type="checkbox"/> Illegal Substance Use | <input type="checkbox"/> Other: _____ |

Please explain any that were checked: _____

Describe the applicant's creative activities. (musical, artistic, literary, etc.): _____

Is there anything else you'd like to tell us about your student? _____

Is it your intention to have the student graduate from New Covenant Academy? ___ Yes ___ No

Please explain your answer: _____

QUESTIONNAIRE FOR THE STUDENT: *(Must be filled out truthfully by student, in own handwriting.)*

Do you want to come to this school? Yes No Please explain why you do or do not want to attend New Covenant Academy. _____

Do you feel you would be an asset to this school? Yes No If yes, please explain why: _____

What grades do you expect to make at NCA? Math Science Literature Bible English

Are you willing to abide by the Student Code of Conduct and policies of this school? Yes No

Are you willing to uphold the moral standards of this school? Yes No

Will you speak well of this school as long as you attend? Yes No

Do you understand that failure to abide by New Covenant Academy policies and procedures and/or failure to maintain satisfactory academic progress may result in your dismissal from the school? Yes No

How many hours per day do you spend on homework? _____

Have you ever attended summer school? Yes No If yes, list the school name, your reasons for attending and subjects you took.

Have you had in your possession or used any of the following: Yes No

Alcohol Illegal drugs Cigarettes Tobacco Pornography (print, movie, internet, video games)

If yes, please explain: _____

Have you ever tested positive for any of the following: Yes No

Illegal Drugs Tuberculosis Aids/HIV Sexually Transmitted Disease

If yes, please explain: _____

Have any of the following applied to you? Yes No Truancy Runaway Been Arrested

Charged with a crime Tried in a juvenile court Placed in Juvenile Detention Been Sued

If yes, please explain: _____

Have you ever been in any type of trouble with legal authorities? ___Yes___No If yes, please explain:

How would you describe your character? _____

Do you consider yourself to be a Christian? ___Yes___No Please explain your answer: _____

Are you an active member in a church? ___Yes___No Name of Church: _____

How often do you attend church? _____ Do your parents attend church with you? _____

Describe your areas of interest and/or involvement in church. _____

How do you live out your faith on a daily basis? _____

Describe your devotional, prayer /Bible study time: _____

Are most of your friends Christian or Non-Christian? _____

Describe your creative activities/hobbies (musical, artistic, literary, dramatic). _____

Describe your athletic interests and activities. _____

Student Signature: _____ Date: _____

*****I have read student questionnaire and agree with my student's answers:**

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____

New Covenant Academy

Math Teacher Recommendation Form

Middle / High School

School: _____ Math Teacher: _____ Email: _____

Student's full name: _____ is applying for admission to **New Covenant Academy**. Your knowledge of this child will assist us in determining his/her potential for success in our school. Please evaluate each of the following student characteristics by circling the word in the box which most accurately describes the applicant.

All information will be kept in strict confidence. Please fax or mail to the address below. Thank you.

Willingness to work & motivation	Self Starter	Prepares assigned work	Needs some prodding	Needs constant pressure	Seldom works, even under pressure
Relationship with teachers	Encourages	Appreciative	Acknowledges	Ignores	Disrespectful
Response to correction	Admits error	Accepts	Listens	Resentful	Argues
Obedience	Endeavors to please	Generally obeys	Varies	Slow to obey	Usually fails to obey
Attitude / Courtesy	Always courteous / pleasant	Generally courteous	Indifferent/Sullen	Boisterous	Rude or hostile
Responsibility	Assumes much responsibility	Conscientious	Usually dependable	Somewhat dependable	Unreliable
Speech / Conversation	Encouraging	Positive/Uplifting	Wholesome	Negative/Derogatory	Vulgar
Honesty	Completely trustworthy	Usually reliable	Questionable	Occasionally unreliable	Completely unreliable
Emotional stability	Well balanced	Balanced	Excitable	Apathetic	Highly unstable
Orderliness	Fastidious	Generally orderly	Variable	Untidy	Extremely unorganized
Influence	Very good	Good	Neutral	Poor	Very poor
Relationships with female peers	Very Sociable	Many friends	Average	Has few friends	Very hard to make friends
Relationships with male peers	Very Sociable	Many friends	Average	Has few friends	Very hard to make friends

How long have you known this student? _____

Please circle one: I **Would** / **Would Not** recommend this student for enrollment to New Covenant Academy.

COMMENTS: _____

Please return this form directly to New Covenant Academy by fax (do not give to parent or student) or mail to:

New Covenant Academy
310 Extension Street
Mansfield, PA 16933

FAX: 570-662-0272 Attn: School Office

New Covenant Academy

English Teacher Recommendation Form

Middle / High School

School: _____ English Teacher: _____ Email: _____

Student's full name: _____ is applying for admission to **New Covenant Academy**. Your knowledge of this child will assist us in determining his/her potential for success in our school. Please evaluate each of the following student characteristics by circling the word in the box which most accurately describes the applicant.

All information will be kept in strict confidence. Please fax or mail to the address below. Thank you.

Willingness to work & motivation	Self Starter	Prepares assigned work	Needs some prodding	Needs constant pressure	Seldom works, even under pressure
Relationship with teachers	Encourages	Appreciative	Acknowledges	Ignores	Disrespectful
Response to correction	Admits error	Accepts	Listens	Resentful	Argues
Obedience	Endeavors to please	Generally obeys	Varies	Slow to obey	Usually fails to obey
Attitude / Courtesy	Always courteous / pleasant	Generally courteous	Indifferent/Sullen	Boisterous	Rude or hostile
Responsibility	Assumes much responsibility	Conscientious	Usually dependable	Somewhat dependable	Unreliable
Speech / Conversation	Encouraging	Positive/Uplifting	Wholesome	Negative/Derogatory	Vulgar
Honesty	Completely trustworthy	Usually reliable	Questionable	Occasionally unreliable	Completely unreliable
Emotional stability	Well balanced	Balanced	Excitable	Apathetic	Highly unstable
Orderliness	Fastidious	Generally orderly	Variable	Untidy	Extremely unorganized
Influence	Very good	Good	Neutral	Poor	Very poor
Relationships with female peers	Very Sociable	Many friends	Average	Has few friends	Very hard to make friends
Relationships with male peers	Very Sociable	Many friends	Average	Has few friends	Very hard to make friends

How long have you known this student? _____

Please circle one: I **Would** / **Would Not** recommend this student for enrollment to New Covenant Academy.

COMMENTS: _____

Please return this form directly to New Covenant Academy by fax (do not give to parent or student) or mail to:

New Covenant Academy
310 Extension Street
Mansfield, PA 16933

FAX: 570-662-0272 Attn: School Office

New Covenant Academy

Teacher or Counselor Recommendation Form

Middle / High School

School: _____ Teacher/Counselor: _____ Email: _____

Student's full name: _____ is applying for admission to **New Covenant Academy**. Your knowledge of this child will assist us in determining his/her potential for success in our school. Please evaluate each of the following student characteristics by circling the word in the box which most accurately describes the applicant.

All information will be kept in strict confidence. Please fax or mail to the address below. Thank you.

Willingness to work & motivation	Self Starter	Prepares assigned work	Needs some prodding	Needs constant pressure	Seldom works, even under pressure
Relationship with teachers	Encourages	Appreciative	Acknowledges	Ignores	Disrespectful
Response to correction	Admits error	Accepts	Listens	Resentful	Argues
Obedience	Endeavors to please	Generally obeys	Varies	Slow to obey	Usually fails to obey
Attitude / Courtesy	Always courteous / pleasant	Generally courteous	Indifferent/Sullen	Boisterous	Rude or hostile
Responsibility	Assumes much responsibility	Conscientious	Usually dependable	Somewhat dependable	Unreliable
Speech / Conversation	Encouraging	Positive/Uplifting	Wholesome	Negative/Derogatory	Vulgar
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Orderliness	Fastidious	Generally orderly	Variable	Untidy	Extremely unorganized
Influence	Very good	Good	Neutral	Poor	Very poor
Relationships with female peers	Very Sociable	Many friends	Average	Has few friends	Very hard to make friends
Relationships with male peers	Very Sociable	Many friends	Average	Has few friends	Very hard to make friends

How long have you known this student? _____

Please circle one: I **Would** / **Would Not** recommend this student for enrollment to New Covenant Academy.

COMMENTS: _____

Please return this form directly to New Covenant Academy by fax (do not give to parent or student) or mail to:

New Covenant Academy
310 Extension Street
Mansfield, PA 16933

FAX: 570-662-0272 Attn: School Office

Pastor's Reference Form
For Application to New Covenant Academy

Parent's Name _____
Applicant's Name _____
Address _____

The above named family and student have applied for entrance to New Covenant Academy. We would appreciate your confidential comments on the applicant's maturity, stability, temperament, and Christian character.

Please keep in mind that the mission of New Covenant Academy is to teach and train Christian students for maturity in the Lord. We have not been established to convert students to Christianity or to act as a reform school for the backslidden or spiritually rebellious student. Also, every child attending NCA will affect their classmates and others. We do recognize that some younger elementary students are still under the covering of their parents and may not have made a personal decision for Christ at the time of application.

Since it is impossible for us to determine the spiritual motivation and character of a family or student in a short interview, we must rely heavily upon your recommendation. Please complete this evaluation for the family and the student named and return to us as soon as possible. We cannot process this student's application until your evaluation is received.

If you have not known this family or student long enough to make a fair evaluation, please pass this form on to a Christian leader who knows them well.

Thank you for your help, and may God bless you richly.

RETURN TO: NEW COVENANT ACADEMY
310 Extension Street
Mansfield, PA 16933

1. Do you believe the applicant and family to be committed Christians? _____

2. How long have you been acquainted? _____
3. Describe the applicant's involvement in local ministry? _____

4. What special talents has he/she shown? _____

5. What leadership abilities has he/she evidenced? _____

6. Does he/she have any emotional, mental, or physical handicaps? _____

7. To the best of your knowledge, does he/she use drugs, alcohol, or tobacco in any form? _____

8. Would you recommend him/her, without reservation, for admittance to NCA? _____

Additional 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. Health	_____	_____	_____	_____
10. Disposition	_____	_____	_____	_____
11. General appearance	_____	_____	_____	_____
12. Faithfulness to church	_____	_____	_____	_____
13. Faithfulness to youth activities	_____	_____	_____	_____

In your opinion, would the applicant be a(n) _____ excellent, _____ good, _____ fair, _____ poor addition to NCA?

Please explain:

Date: _____ / _____ / _____

Signed: _____

Phone: (_____) _____ - _____

Address: _____

Occupation _____

Please add any information that would better enable us to evaluate this student:



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

Authorization For Release Of Records

School Name: _____

School Address: _____

Street

City

State

Zip

School Telephone # (____) _____ Fax # (____) _____

The following student is applying to New Covenant Academy. Please send ALL of the following records:

_____ All Academic Records / Transcript

_____ Explanation of Grading System / School Profile

_____ **All Discipline Information**

_____ **Discipline Records are attached**

_____ **There are no Discipline Records on file for this student** _____

(Counselor signature)

_____ Evaluative Records (Achievement testing, Psychological or other learning disability test results)

_____ Attendance Records

_____ Immunization / Health Records

Student's Name: _____

Student's Address: _____

Student's Birth Date: _____ Social Security #: _____

I hereby authorize the release of ALL requested records to New Covenant Academy.

 Signature of Parent/Legal Guardian

(FERPA Act CFR 99.31, Parental signature not needed)

 Date

Please fax and mail copies of all requested records to:

School Office

New Covenant Academy

310 Extension Street

Mansfield, PA 16933

Phone - 570-662-2996

Fax - 570-662-0272

Thank you for your cooperation in this matter.

New Covenant Academy NEW STUDENT MEDICAL & HEALTH FORM #1

STUDENT'S NAME _____ (One form per student)

IMMUNIZATION REQUIREMENTS: Pennsylvania state law requires that **ALL** immunizations are current prior to attending school. This means that immunization records will be reviewed and you will be notified if your student will require any immunizations **prior to starting school**. If you have any questions regarding immunization requirements you may call the school office (570-662-2996).

Name of current school Attending: _____ City and State of school: _____

Military Transfer? Yes No Home School Transfer? Yes No

I understand that Pennsylvania state law requires that ALL immunizations be current prior to starting school. If health records are not current I understand my student may not start school at NCA until immunizations are in compliance with Pennsylvania state law.

Parent Signature: _____

MEDICATION REQUIREMENTS: Students are required to come to the Nurses Clinic to receive **any** medications unless there is a physicians order on file that states the student can self medicate. **ALL** prescription medications must be in their **original prescription bottle** and properly labeled by the pharmacist. They will only be administered according to the instructions on the bottle. Any long-term medications (taken over a 4 week period or longer) must be accompanied by the *Long Term Medication Form signed by the parent/guardian and the prescribing physician*.

I understand that ALL medication is to be brought to the office and must only be administered by NCA personnel with a signed note from a parent/guardian and/or physician indicating the dosage and time of administration.

Parent Signature: _____

EMERGENCY TREATMENT RELEASE

In the event of an accident, injury, or illness, I hereby authorize any representative of New Covenant Academy to obtain medical treatment for my child by any hospital or qualified medical personnel. I assume all responsibility for the expense incurred for emergency treatment.

I give permission for my student to participate in all school activities on the school premises and in any school-sponsored trips/activities away from school.

I understand that if for any reason I want to withhold my child from an activity, I must send a letter the day of the event stating so. The letter must be on a full sheet of paper with the child's name, teacher's name, signed and dated by parent or guardian and brought to the NCA main office by the parent or guardian.

I absolve New Covenant Academy or any of NCA representatives from liability to me or my child because of accident, injury, or illness.

I agree to the EMERGENCY TREATMENT RELEASE

Yes **Parent Signature:** _____

Permission to receive non-aspirin pain reliever? Yes No

My child/children take(s) long term medication that must be administered during school hours?

Yes No

*** If YES, Permission to Receive Long Term Medication Form must be returned to NCA prior to the first day of school.
(Form available at the school office)

NCA Student Medical Form #2

Student Name:

Physician and Insurance:

Doctor:		Insurance Co:
Doctor Phone:		Policy # :
Dentist:		Group #:
Dentist Phone:		
Preferred Hospital:		

Permission to treat:	Yes <input checked="" type="radio"/> No <input type="radio"/>	

Medicines Taken Regularly:

Medication 1:	Self Administer: Yes <input type="radio"/> No <input type="radio"/>	Dose:
Medication 2:	Self Administer: Yes <input type="radio"/> No <input type="radio"/>	Dose:
Medication 3:	Self Administer: Yes <input type="radio"/> No <input type="radio"/>	Dose:
Medication 4:	Self Administer: Yes <input type="radio"/> No <input type="radio"/>	Dose:
Medication 5:	Self Administer: Yes <input type="radio"/> No <input type="radio"/>	Dose:

Medical Conditions:

Condition 1:		Note:
Condition 2:		Note:
Condition 3:		Note:
Condition 4:		Note:
Condition 5:		Note:

Allergies:

Please list ALL allergies, including DRUG allergies.

Allergy 1:		Note:
Allergy 2:		Note:
Allergy 3:		Note:
Allergy 4:		Note:
Allergy 5:		Note:

Parent Signature: _____ **Date:** _____

New Covenant Academy
2017-2018 Application Packet Check List - Secondary School

Student Name: _____ **Grade** _____

√ Items Included	Items Needed to Complete Registration: √ <u>ALL</u> items required to be returned to NCA in order to proceed with application process (Incomplete Packets Will Not Be Accepted)	Office Use Only Date Received
	Read These Documents:	
	Admission Policy and Procedures	
	√ Tuition and Fee Schedule	
	General or College Prep (please circle one)	
	Complete These Documents:	
	√ Middle/High School Application <u>with</u> Student Photograph attached	
	√ Parents' Personal Testimony	
	√ Student's' Personal Testimony	
	√ New Covenant Academy Medical & Health Form	
	√ Student Medical Form	
	Mail, Fax, or email These Documents To References:	
	√ Math Teacher Recommendation Form: (Mailed directly to NCA or faxed by Teacher Sent To: _____ Date Sent: _____)	
	√ English Teacher Recommendation Form: (Mailed directly to NCA or faxed by Teacher Sent To: _____ Date Sent: _____)	
	√ Teacher/Counselor Recommendation Form: (Mailed directly to NCA or faxed by Teacher/Counselor) Sent To: _____ Date Sent: _____	
	√ Pastoral Reference Recommendation Form: (Mailed directly to NCA or faxed by Pastor) Sent To: _____ Date Sent: _____	
	Read and Sign These Documents:	
	√ Authorization for Release of Records	
	Secure And Enclose These Documents:	
	√ Achievement Test Scores	
	√ Report Cards or Transcripts (last Include copies – official documents will be sent from previous school)	
	√ Home-School Grades (Include copies of grades and/or details of course work for last 2 years)	
	√ Immunization Records (<i>All immunizations must be current before a student can enroll</i>)	
	√ Transcript Review - Assistant Headmaster	
	√ \$100.00 Application Fee	
	√ This Application Checklist (Signed)	

I have enclosed all application documents needed above, as well as the \$100 application fee.

Signature of Parent or Guardian: _____ **Date:** _____