

PLEASE
ATTACH
RECENT
PHOTO



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

Date of Application _____
Application Fee _____
Interview _____
Student # _____
Welcome Packet Sent _____

ELEMENTARY
Application for School Year 2018-2019

Please **CIRCLE** grade: **Pre-K** **Pre-K** **Pre-K** **Kinder** **Kinder** **1st** **2nd** **3rd** **4th** **5th**
(2 Full Days) (3 Full Days) (5 Full Days) (3 Full Days) (5 Full Days)

The information requested will be used to determine which students will be considered for admission to New Covenant Academy. Please answer all questions. **All information must be provided before this application will be processed.**

Student's Legal Name _____
first middle last

Address _____
street city state zip code

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

Current School _____

Address _____
street city state zip code

Previous School _____

Address _____
street city state zip code

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

Did someone from New Covenant Academy refer you to us? ____Yes____No If so, who? _____

FATHER / STEP-FATHER / GUARDIAN (please circle)

Name _____ Living with child? _____

Occupation _____ Employer _____

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

MOTHER / STEP-MOTHER / GUARDIAN (please circle)

Name _____ Living with child? _____

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 at NCA? (Yes or No)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please make a full statement as to why you want to enroll the applicant at NCA.:

SCHOOL

How and why do you believe the applicant would be an asset to NCA. and its student body?

Check at what level the student is working: ___ Honors or Gifted/Talented) ___ Above grade level
___ At grade level ___ Below grade level

Does the applicant have any diagnoses/documentated learning difficulties? ___ Yes* ___ No

*If yes, please comment on the diagnosed, date of documentation and treatment and current status:

***Note: Medication or educational documentation must be provided.
Please see handbook for details about our policy on medication and curriculum.**

Does the applicant need any special consideration for a learning disability or delay, physical disability, etc.?

___ Yes ___ No If yes, If yes, please comment (and provide any and all documentation): _____

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 regularly? ___ Yes ___ No. If yes, to the medications influence behavior or learning during school? ___ Yes ___ No If yes, please comment: _____

Has the applicant ever been retained a grade level, suspended, expelled, or asked to withdraw from a school? ___ Yes ___ No If yes, please comment: _____

Has the applicant ever had In-School suspension? ___ Yes ___ No If yes, please comment: _____

Is the applicant presently in good standing (eligible for re-admission) with the school he/she last attended? ___ Yes ___ No If no, please comment: _____

Are any financial or other obligations still owed to a previous school? ___ Yes ___ No
If yes, please comment: _____

Have you given a reference form to a previous classroom teacher to be sent to NCA.? ___ Yes ___ No

Does the applicant want to attend New Covenant Academy? ___ Yes ___ No If no, please comment as to why not: _____

Is it your intention to have the student come back to NCA. next year? ___ Yes ___ No

Do you agree as parent(s) to support all of the policies and standards of New Covenant Academy as long as your child is enrolled here? ___ Yes* ___ No Comments: _____

Please carefully read through the Parent/Student Handbook online at www.ncalions.org

CHRISTIAN BACKGROUND

Personal Testimonies

Father: On the form provided, please give your personal Christian testimony of a salvation experience.

Mother: On the form provided, please give your personal Christian testimony of a 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 Father Signature: _____

___ Yes ___ No Mother Signature: _____

Statement of Faith

Please carefully read our Statement of Faith 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.

Father Signature: _____

Mother Signature: _____

Church

What is your denominational preference? _____

Name of your current local church affiliation: _____

Name of the Senior Pastor _____ Phone number _____

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

Does your family support the local church you attend? (attendance, financially, etc.)

____ Yes ____ No If not, please explain: _____

Father: ____ Yes, for ____ years ____ No

Mother: ____ Yes, for ____ years ____ No

In what church activities is your family involved and with what degree of regularity?

Please be specific: _____

Devotional Life

Please describe in detail your family's Bible study and prayer life: _____

FAMILY

Are you presently experiencing any 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 multimedia influences in your home. (TV, computer, video games, cell phones, 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? _____



CLASSROOM TEACHER RECOMMENDATION FORM ELEMENTARY SCHOOL

School: _____ Teacher: _____

Phone: _____ Email: _____

Student's Full Name: _____ is applying for admission to New Covenant Academy.

Your knowledge of this child's preparedness will assist us in determining his/her potential for success in our school.

Please check the level of mastery the student has achieved in each of the following skill areas:	Always	Usually	Sometimes	Never	N/A
Transitions from subject to subject well					
Completes in-class assignments					
Begins a task within an acceptable period of time					
Completes tasks independently					
Follows written directions					
Follows verbal directions					
Completes work commensurate with his/her abilities					
Exhibits good work habits					
Has a good attendance habit					
Sustains adequate attention in class and on assignments					
Is flexible and manages changes in a daily routine					
Responds adequately to verbal directions					
Responds adequately to non-verbal directions					
Copes adequately with auditory distractions					
Copes adequately with visual distractions					
Exhibits age appropriate activity level					
Asks for assistance when needed					
Exhibits a positive attitude					
Possesses adequate age appropriate social skills					
Works well in a small group situation					
Respects the rights of others					
Responds well to correction					
Is able to take turns					
Manages frustration and anger appropriately for age					
Habitually violates others' personal space					
Rushes through in-class work					
Requires excessive attention from teacher					
Requires excessive attention from peers					

How long have you known this student? _____ Are the parents supportive? ___ Yes ___ No

Please summarize any additional thoughts, observations, or comments about the student's behavior and academic ability:

Please check one: I ___ Would ___ Would Not recommend this student for enrollment to NCA.

SIGNATURE: _____ DATE: _____

All information will be kept in strict confidence. Please return this form directly to:

New Covenant Academy
 310 Extension Street Mansfield, PA 16933
Fax: 570-662-0272

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:

Father's Personal Testimony

Please provide your written testimony in the space below. Include your salvation experience and your personal relationship with Jesus Christ:

Be as specific as possible in providing the circumstances and scriptural basis for your decision to accept Christ as your personal Lord and Savior:

How would you share the gospel with someone? What specific Scriptures would you use?

*****If additional space is needed please attach as a separate document.**

Father's Signature

Date

Mother's Personal Testimony

Please provide your written testimony in the space below. Include your salvation experience and your personal relationship with Jesus Christ.

Be as specific as possible in providing the circumstances and scriptural basis for your decision to accept Christ as your personal Lord and Savior:

How would you share the gospel with someone? What specific Scriptures would you use?

*****If additional space is needed please attach as a separate document.**

Mother's Signature

Date



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 - Elementary School

Student Name: _____

√ Items Included	Items Needed to Complete Registration: √ ALL items required to be returned to NCA in order to proceed with application process (Incomplete Packets Will Not Be Accepted)	Office Use Only
	Read These Documents:	
	Admission Policy and Procedures	
	√ Tuition and Fee Schedule	
	Complete These Documents:	
	√ Elementary School Application <u>with</u> Student Photograph Attached	
	√ Parents' Personal Testimonies	
	√ New Covenant Academy New Student Medical & Health Form	
	√ NCA Student Medical	
	Mail, Fax, or email This Document To References:	
	√ Teacher/Counselor Recommendation Form: Must be Mailed or faxed directly to NCA by Teacher/Counselor	
	Sent To: _____ Date Sent: _____	
	√ Pastoral Reference Form: Must be Mailed or faxed directly to NCA by Pastor	
	Sent To: _____ Date Sent: _____	
	Read and Sign These Documents:	
	√ Authorization for Release of Records: Give original to current school, a copy to NCA	
	Secure And Enclose These Documents:	
	√ Achievement Test Scores (If available)	
	√ Report Cards or Transcripts (Include copies from last 2 years—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>Per PA State Law ALL immunizations must be current before a student can enroll</i>)	
	√ Transcript Review - Assistant Headmaster	
	√ \$100.00 Application Fee (Preschool \$50)	
	√ 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