

# Neuse Christian Academy

7600 Falls of Neuse Rd., Raleigh, NC 27615  
Phone: 919-844-6496

## Student Application

Applying for Grade: \_\_\_\_\_

School Year: \_\_\_\_\_

### STUDENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ ( ) Male ( ) Female

Student Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Has the applicant ever repeated a grade? ( ) Yes ( ) No If yes, please explain: \_\_\_\_\_

Applicant's Grades Have Been: ( ) Superior ( ) Above Average ( ) Average ( ) Below Average

Are there any special factors, conditions, or other reasons that the applicant cannot participate fully during normal school activities, including any special medications, allergies, or anything affecting your child about which the school needs to be informed?

( ) Yes ( ) No

School last attended: \_\_\_\_\_ Phone: \_\_\_\_\_

School's Address: \_\_\_\_\_

In applying for admission, I authorize other schools/daycares, counselors, or physicians to release and share with NCA information and records regarding my child's educational, developmental and behavioral progress.

### FAMILY/GUARDIAN INFORMATION

Father's/Guardian's Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Title: \_\_\_\_\_ Occupation: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email Address: \_\_\_\_\_

Lives with student \_\_\_ Yes \_\_\_ No Marital Status: ( ) Married ( ) Separated ( ) Divorced ( ) Remarried ( ) Widower

Receives mail \_\_\_ Yes \_\_\_ No Receives Bill \_\_\_ Yes \_\_\_ No

Mother's/Guardian's Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Title: \_\_\_\_\_ Occupation: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email Address: \_\_\_\_\_

Lives with student \_\_\_ Yes \_\_\_ No Marital Status: ( ) Married ( ) Separated ( ) Divorced ( ) Remarried ( ) Widower

Receives mail \_\_\_ Yes \_\_\_ No Receives Bill \_\_\_ Yes \_\_\_ No

If parents are divorced, please indicate who has legal custody: \_\_\_\_\_

**If one parent has sole primary custody, custodial legal documents are required by the school prior to enrollment.**

## MEDICAL INFORMATION

### Emergency Care Information

Name of 1<sup>st</sup> Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Contact's Relation to You: ( ) Relative ( ) Guardian ( ) Friend ( ) Other

Name of 2<sup>nd</sup> Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Contact's Relation to You: ( ) Relative ( ) Guardian ( ) Friend ( ) Other

Applicant's Physician: \_\_\_\_\_ Office Phone Number: \_\_\_\_\_

Applicant's Dentist: \_\_\_\_\_ Office Phone Number: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Upon signing this application, I agree that NCA may authorize a physician to provide emergency medical care in the event that neither the family physician nor I can be contacted immediately.

### General Medical Information

Does the applicant have any physical, mental, or emotional problems? ( ) Yes ( ) No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Has the applicant been recommended for or undergone any developmental or educational testing to determine the existence of ADD, ADHD, or learning disabilities? ( ) Yes ( ) No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

My child takes prescription medication on a daily basis.

Medication: \_\_\_\_\_ Purpose: \_\_\_\_\_

## CHURCH INFORMATION

Church: \_\_\_\_\_ Attendance: ( ) Regular ( ) Occasional ( ) Seldom ( ) Never

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Has applicant ever made a profession of faith? ( ) Yes ( ) No

Father/Guardian: Christian ( ) Yes ( ) No

Mother/Guardian: Christian ( ) Yes ( ) No

## MISCELLANEOUS INFORMATION

Does the applicant have any siblings? ( ) Yes ( ) No If yes, please list the other children:

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

I acknowledge that the preceding information is accurate and true.

I give my permission for my child to take part in all school activities, including sports and school sponsored field trips away from the school premises.

I understand that if my child is accepted as a student at Neuse Christian Academy he/she will be given instruction according to Biblical Christian principles as outlined in the school's Statement of Cooperation.

Neuse Christian Academy admits students of any race, color, national origin, or ethnicity to all the rights, privileges, programs, and activities made available at the school.

I understand that all immunization records and a copy of the student's birth certificate must be on file by the first day of school.

Signature of Parent or Guardian: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Date of Application: \_\_\_\_\_

## ARTICLES OF FAITH

1. **We** believe the Bible to be the verbally inspired, only infallible, authoritative Word of God.
2. **We** believe that there is one God, eternally existent in the persons of the Father, the Son and the Holy Spirit.
3. **We** believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal, visible, pre-millennial return in power and glory.
4. **We** believe that for the salvation of lost and sinful men, regeneration by the Holy Spirit is absolutely essential by grace through faith. Repentance and faith are the only conditions of salvation.
5. **We** believe in the everlasting, conscious blessedness of the saved in a literal heaven, and the everlasting, conscious punishment of the lost in a literal hell.
6. **We** believe in the spiritual unity of believers in our Lord Jesus Christ.
7. **We** believe in the present ministry of the Holy Spirit, by whose indwelling, the Christian is able to live a godly life.

## STATEMENT OF COOPERATION

In making application for my child, it is my desire to have him receive quality training in a good Christian atmosphere. In addition, I realize that attendance at Neuse Christian Academy is a privilege and not a right. Whenever my child or I refuse to cooperate with the spirit of the school or its rules, I realize that I will be asked to withdraw my child.

I give Neuse Christian Academy permission for my child to take part in all school activities, including bus trips, sports activities, and school-sponsored trips away from the school premises. Moreover, I absolve Neuse Christian Academy of any liability for my child because of any injury at school or during any school activity.

Should legal action, for any reason, be taken against Neuse Christian Academy or any employee or agent thereof, on my child's behalf and the school or its agent not be found at fault, I agree to pay any attorney fees, court fees, damages or other costs that Neuse Christian Academy or its agent should incur to defend itself against such action.

I also believe that discipline is necessary for the welfare of each student, as well as, for the entire school. I give permission for my child's teacher and/or agent of the school to make and enforce classroom regulations in a manner consistent with Christian principles and discipline as set forth in the Scriptures.

I understand that all fees are non-refundable. I have read the financial policies and agree to pay my tuition on time. I understand that the school cannot educate my child alone and, therefore, it is my desire to attend all parent functions and other events that would support the school in the education of my child.

**I HAVE READ THE STATEMENT OF COOPERATION AND WILL ABIDE WITH THE POLICIES SET FORTH.**

Father's/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Mother's/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**STUDENT QUESTIONNAIRE  
GRADES K-5**

**To be filled out by parents**

Name: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

1. Does your child have any health problems? \_\_\_\_\_ If yes, please explain in detail.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Does he/she have normal or corrected vision? \_\_\_\_\_

3. Does he/she have normal hearing? \_\_\_\_\_

	Often	Sometimes	Never
4. Does your child show self-control?	_____	_____	_____
5. Is your child moody?	_____	_____	_____
6. Does your child obey when spoken to?	_____	_____	_____
7. Is your child overly aggressive?	_____	_____	_____
8. Does your child show interest in spiritual matters?	_____	_____	_____
9. Has your child had problems in school? If yes, please explain _____	_____	_____	_____

10. Does your child prefer to play alone or with children who are younger or older, or the same age?  
\_\_\_\_\_

11. What type of spiritual training are you providing for your child? \_\_\_\_\_  
\_\_\_\_\_

12. Is your child a ward of the court? Has he/she ever been under the jurisdiction of the court? \_\_\_\_\_

13. Are you aware of any spiritual, physical, emotional, social, mental, or academic problem concerning your child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent's/Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's/Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

# STUDENT QUESTIONNAIRE

## GRADES 6-8

The following questions are to be answered by the applying student in his or her own handwriting. If more space is needed, please use additional paper and submit with this questionnaire.

Name: \_\_\_\_\_ Grade Entering: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
Former school: \_\_\_\_\_  
Address: \_\_\_\_\_

To the best of my knowledge I am (mark each answer that applies):

saved \_\_\_ unsaved \_\_\_ uncertain \_\_\_ walking closely with the Lord \_\_\_  
am not as close to the Lord as I should be \_\_\_\_\_.

Participation in activities:

I attend Sunday school	regularly ___ occasionally ___ seldom ___
I attend worship services	regularly ___ occasionally ___ seldom ___
I attend prayer meeting	regularly ___ occasionally ___ seldom ___
I attend youth activities	regularly ___ occasionally ___ seldom ___

Personal life:

I read my Bible daily	yes ___ no ___
I pray daily	yes ___ no ___
I memorize scripture	yes ___ no ___
I witness to lost people	yes ___ no ___

What kind of relationship do you have with the following people:

Father	good ___ average ___ poor ___
Mother	good ___ average ___ poor ___
Brothers/Sisters	good ___ average ___ poor ___
Other family members	good ___ average ___ poor ___
How would you describe your family life?	good ___ average ___ poor ___

If you could go to school anywhere you wanted to, where would you go? \_\_\_\_\_

Have you ever been suspended or expelled from school? \_\_\_ Why? \_\_\_\_\_

Do you like sports? \_\_\_ What sports do you like best? \_\_\_\_\_

Do you have a hobby? \_\_\_ What is it? \_\_\_\_\_

How often do you read a book? \_\_\_\_\_ What is the name of a book you have read recently? \_\_\_\_\_

What type of music do you listen to? \_\_\_\_\_

Name two of your favorite musical groups: 1. \_\_\_\_\_ 2. \_\_\_\_\_

How much time do you spend watching TV? \_\_\_\_\_ hours a day.

Do you have a Facebook and/or Twitter account? ( )Yes ( )No If yes, how many hours a day do you spend online? \_\_\_\_\_

How often do you go to the movies? \_\_\_\_\_

Name the last three movies you have seen:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Are most of your friends and associates Christians? \_\_\_\_\_ Are most of your friends your age? \_\_\_\_\_

Did you receive any help answering the above questions? \_\_\_\_\_

Please explain which ones and how much:

---

---

---

---

---

---

Have you ever used tobacco? \_\_\_\_\_ Drugs? \_\_\_\_\_ Alcoholic drinks? \_\_\_\_\_

If the answer to any of these is yes, please explain fully. \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

With my signature below, I certify that I have answered the above questions honestly and completely and have not held back information the admissions committee ought to know about me.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

# STUDENT QUESTIONNAIRE

## GRADES 9 – 12

The following questions are to be answered by the applying student in his or her own handwriting. If more space is needed, please use additional paper and submit with this questionnaire.

Name: \_\_\_\_\_ Grade Entering: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
Former school: \_\_\_\_\_  
Address: \_\_\_\_\_

To the best of my knowledge I am (mark each answer that applies):

saved \_\_\_ unsaved \_\_\_ uncertain \_\_\_ walking closely with the Lord \_\_\_  
am not as close to the Lord as I should be \_\_\_\_\_.

Participation in activities:

I attend Sunday school	regularly ___ occasionally ___ seldom ___
I attend worship services	regularly ___ occasionally ___ seldom ___
I attend prayer meeting	regularly ___ occasionally ___ seldom ___
I attend youth activities	regularly ___ occasionally ___ seldom ___

Personal life:

I read my Bible daily	yes ___ no ___
I pray daily	yes ___ no ___
I memorize scripture	yes ___ no ___
I witness to lost people	yes ___ no ___

What kind of relationship do you have with the following people:

Father	good ___ average ___ poor ___
Mother	good ___ average ___ poor ___
Brothers/Sisters	good ___ average ___ poor ___
Other family members	good ___ average ___ poor ___
How would you describe your family life?	good ___ average ___ poor ___

If you could go to school anywhere you wanted to, where would you go? \_\_\_\_\_

Have you ever been suspended or expelled from school? \_\_\_ Why? \_\_\_\_\_

Do you plan to go to college? \_\_\_ What are your career plans? \_\_\_\_\_

Do you like sports? \_\_\_ What sports do you like best? \_\_\_\_\_

Do you have a hobby? \_\_\_ What is it? \_\_\_\_\_

How often do you read a book? \_\_\_\_\_ What is the name of a book you have read recently? \_\_\_\_\_

What type of music do you listen to? \_\_\_\_\_

Name two of your favorite musical groups: 1. \_\_\_\_\_ 2. \_\_\_\_\_

How much time do you spend watching TV? \_\_\_\_\_ hours a day.

Do you have a Facebook and/or Twitter account? ( )Yes ( )No If yes, how many hours a day do you spend online? \_\_\_\_\_

Do you have a job after school or weekends? \_\_\_ What is it? \_\_\_\_\_

How often do you go to the movies? \_\_\_\_\_

Name the last three movies you have seen:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Are most of your friends and associates Christians? \_\_\_\_\_ Are most of your friends your age? \_\_\_\_\_

Did you receive any help answering the above questions? \_\_\_\_\_

Please explain which ones and how much:

Have you ever used tobacco? \_\_\_\_\_ Drugs? \_\_\_\_\_ Alcoholic drinks? \_\_\_\_\_

If the answer to any of these is yes, please explain fully.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

With my signature below, I certify that I have answered the above questions honestly and completely and have not held back information the admissions committee ought to know about me.

Signature \_\_\_\_\_ Date \_\_\_\_\_



---

## PARENT/GUARDIAN QUESTIONNAIRE

1. How did you find out about NCA? \_\_\_\_\_

2. Has the student ever been suspended or asked to leave a school? \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

---

---

---

3. Has your child committed a felony? \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

---

---

---

4. Please describe any health concerns or food allergies that may impact your child at school.

---

---

---

---

5. Describe your child's strengths and weaknesses. \_\_\_\_\_

---

---

---

---

6. Please describe any responsibilities or activities that you or the applicant is involved in at your church. \_\_\_\_\_

---

---

---

---

7. Please describe the spiritual training that you provide for your child in your home. \_\_\_\_\_

---

---

---

---

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CHILDREN'S MEDICAL REPORT

(due by the first day of school)

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Father's/Guardian's Name: \_\_\_\_\_ Mother's/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### MEDICAL HISTORY

Complete any of the following that apply to your child:

Hospitalizations: \_\_\_\_\_ Operations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Allergies: \_\_\_\_\_ Handicaps: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Prescription medications: (i.e. Ritalin) \_\_\_\_\_

Has your child ever taken medication for ADHD or ADD? \_\_\_\_\_

Is your child under a doctor's care \_\_\_\_\_ If so, for what reason? \_\_\_\_\_

Does your child have any physical or mental disabilities? ( ) Yes ( ) No If yes, please explain.  
 \_\_\_\_\_

Does your child have any sensory or neurological disorders? ( ) Yes ( ) No If yes, please explain.  
 \_\_\_\_\_

Please check if your child has a history of any of these:

Convulsions \_\_\_\_\_  
 Diabetes \_\_\_\_\_  
 Heart trouble \_\_\_\_\_

### PHYSICAL EXAMINATION

(Must be completed and signed by examining physician)

Weight		Ext.	GU
Height		Teeth	Tuberculin Test
Heart		Neurological System	Type
Chest		Skin	Results
Throat		Head	
Neck		Eyes	
Abdomen		Ears	

Should activities be limited for this child? \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IMMUNIZATION HISTORY**  
(Must be completed and signed by examining physician)

Enter the date of each immunization received.

VACCINE	#1	#2	#3	#4	#5
<b>DTaP</b> (diphtheria, tetanus and acellular pertussis) <b>5 doses</b>					
<b>Polio</b> <b>4 doses</b>					
<b>Hib</b> (Haemophilus influenzae) <b>3 – 4 doses</b>					
<b>Measles</b> <b>2 doses</b>					
<b>Mumps</b> <b>2 doses</b>					
<b>Rubella</b> <b>1 dose</b>					
<b>Hepatitis B</b> <b>3 doses</b>					
<b>Varicella</b> <b>1 dose</b>					

If the child is missing immunizations, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



7600 Falls of Neuse Road  
Raleigh, NC 27615

**919.844.6496**

**NeuseChristian.com**

### Confidential Student Evaluation

Name of student: \_\_\_\_\_

Grade to which applying: \_\_\_\_\_

To the Parent: Please complete the top section of this form and give it to your student's guidance counselor. By signing here, you give your permission for the following information to be released to Neuse Christian Academy. You understand that it will be treated confidentially and will not be released to you.

Signature of Parent: \_\_\_\_\_

To the Reference: The student named above is applying for admission to Neuse Christian Academy. We would appreciate your evaluation of this student. This information will be kept confidential and will assist the administration in determining if NCA is a suitable school for the applicant. Please mail or fax the completed form to the address below. Thank you for your assistance.

Please indicate your rating by numbers (1-5), 1= weak, 3= average, 5= outstanding

Academic Ability	_____	Spiritual Growth	_____
Motivation	_____	Conduct	_____
Maturity	_____	Parental Support	_____
Integrity	_____	Involvement in Activities	_____

Has this student ever been suspended or expelled from school? If so, please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any knowledge of this student using foul language, illicit drugs, or alcohol? If so, Please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any concerns regarding the success of this student? If so, please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Comments:

---

---

---

---

Financial Standing:

If the student is transferring from a private school, please indicate their current account status.

The students current account balance is: \_\_\_\_ current \_\_\_\_ 30 days past due \_\_\_\_ 60 days past due.

Signature of reference: \_\_\_\_\_ School: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Printed): \_\_\_\_\_ Position: \_\_\_\_\_ Phone: \_\_\_\_\_