



NEW TESTAMENT CHRISTIAN SCHOOL

One New Taunton Ave.
Norton, MA 02766

**APPLICATION FOR ADMISSION
PK-12 / 2009-2010**

Application fee of \$50 must accompany application.

FOR OFFICE USE ONLY

Date: _____
Amount: _____
Check #: _____
Cash: _____

STUDENT INFORMATION (Student's FULL name please)

Name: _____ Middle: _____ Last: _____ Home Phone: _____

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

Birth Date: _____ Birth Place: _____ Age: _____ Student Cell : _____

Applying for enrollment in grade _____ for the 2009/2010 school year. Student e-mail: _____

OPTIONAL INFORMATION (used for reporting to the State)

Social Security Number: _____ Languages spoken at home: _____

Ethnic Origin: American Indian Asian Afro-American Hispanic Caucasian Other: _____

Special Needs: Learning disability Speech impaired Visually impaired Mobility impaired Hearing impaired Other

PARENT/FAMILY INFORMATION

Father's Name: _____ Mother's Name: _____

Home Address (if different): _____ Home Address (if different): _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

E-Mail: _____ E-Mail: _____

Occupation/Company Name: _____ Occupation/Company Name: _____

Business Address: _____ Business Address: _____

Business Telephone: _____ Business Telephone: _____

Marital status in your home: Single Married Separated Divorced One parent deceased Natural parent & stepparent

If parents are divorced or separated, who has legal custody of the student? (Name of the parent or legal guardian - provide supporting documentation).

If there are other children in your family, please complete the following:

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

CHURCH INFORMATION

Church currently attending _____

Church Address _____ Telephone: _____

Pastor's Name _____ Youth Pastor's Name _____

Member _____ Yes (since _____) _____ No _____ Regular Attender Attend youth group _____ Yes _____ No

PREVIOUS SCHOOL INFORMATION

Please list schools previously attended:

School	Address	Dates	Grade(s) Completed
_____	_____	_____	_____

Has the student ever been suspended? _____ expelled? _____ or asked to withdraw? _____ If so, please give full details on a separate sheet of paper, including the principal's name and address, and phone number of the school.

Has the student ever failed a grade? _____ If so, state the grade and date. _____

Why is the student withdrawing from his/her present school? _____

Has your child, to your knowledge, misused alcohol or drugs? _____

Does your child have any behaviors we should be made aware of? If so, please explain. _____

Has the student ever had a Core Evaluation, an IEP (Individual Educational Plan) or other educational evaluation conducted, or is the student presently enrolled in any special education services program? _____ If so, please explain. Use an additional sheet of paper if necessary. _____

If you have further information which may assist in the guidance of your child at New Testament Christian School, such as pertinent medical or psychological information the school should be aware of, please indicate. _____

What co-curricular or other activities has the student been involved in over the past two years? _____

MEDICAL INFORMATION

Physician's Name: _____ Telephone: _____

Address: _____

Does the student have Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD)? _____

If student is currently taking medication for ADD/ADHD, please explain type, dosage; dispense medication at home or school: _____

Medical Conditions - Please list (such as asthma etc.) _____

Medications: _____

Does the student have any allergies? _____ If so, please indicate. _____

Reactions to look for/Treatment: _____

Does the student have any physical difficulties that would prevent him/her from participating in physical education or activity? _____ If so, please explain. _____

EMERGENCY MEDICAL RELEASE

In case of emergency and if the parent(s) or guardian cannot be reached, the authorities of New Testament Christian School, One New Taunton Avenue, Norton, Massachusetts 02766 are authorized to arrange for such medical or surgical services as are deemed necessary to protect the welfare of my child.

Signature: _____ Date: _____

FIELD TRIP PERMISSION SLIP

I give my permission for _____ to attend field trips sponsored by the New Testament Christian School for his/her class. I will not hold the school, its employees or the volunteers liable in case of accident or injury. I understand I will be given specific information concerning each field trip and that appropriate dress is required for my child.

Signature: _____ Date: _____

PARENTAL CONSENT FOR STUDENT PARTICIPATION FOR PROMOTIONAL PURPOSES

I, _____, do hereby give New Testament Baptist Church and Christian School permission to use my son/daughter _____'s photograph, verbal testimony, or other likeness for promotional purposes. It is understood that no remuneration will be given or received for this.

Signature of Parent/Guardian _____ Date _____