



## REGISTRATION FORM STUDENT INFORMATION

SCHOOL YEAR \_\_\_\_\_

Registration Paid \_\_\_\_\_

Grade Level \_\_\_\_\_

Prerequisite for admission to NAMESAKE CHRISTIAN ACADEMY

\* Birth Certificate \_\_\_\_\_

\* Immunization Record (Form DH680) \_\_\_\_\_

\* Physical Exam - within the last 12 months (Form DH3040) \_\_\_\_\_

\* Prior School Record (if applicable) \_\_\_\_\_

\* Pastoral Reference Form \_\_\_\_\_

Student's Name \_\_\_\_\_  
(last) (first) (middle)

Address \_\_\_\_\_  
(street) (city) (state) (zip)

Home Phone Number \_\_\_\_\_

Cell Phone Number(s) \_\_\_\_\_

Email Address(es) \_\_\_\_\_

Social Security Number \_\_\_\_\_ Birth date \_\_\_\_\_  
(month) (day) (year)

Last school attended, if other than NCA \_\_\_\_\_

Grade Level \_\_\_\_\_

Has child failed? \_\_\_\_\_ If so, what grade? \_\_\_\_\_

List any physical difficulties including allergies: \_\_\_\_\_  
\_\_\_\_\_

Child's Physician \_\_\_\_\_ Telephone Number \_\_\_\_\_

Father's Name \_\_\_\_\_

Employer \_\_\_\_\_ Telephone Number \_\_\_\_\_

Mother's Name \_\_\_\_\_

Employer \_\_\_\_\_ Telephone Number \_\_\_\_\_

Person to contact in case of an emergency (other than parents)

\_\_\_\_\_ Telephone Number \_\_\_\_\_

Church you now attend \_\_\_\_\_

Reason(s) for selecting NAMESAKE CHRISTIAN ACADEMY:

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I authorize the following people to pick up my child:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

# STATEMENT OF COOPERATION AND AGREEMENT

Since the fees do not cover the actual cost of educating your child/children, we recognize that participation is needed in prayer and service. In order to properly share in his/her training, we also recognize that prompt consistent payment of our account is extremely vital to the school and will handle our business relationship with the school accordingly.

All new students are accepted on a sixty-day trial basis. To satisfactorily complete this trial program a student must maintain a (C) grade average and exhibit a cooperative attitude with our school program.

In full cooperation with the school, I sincerely pledge my loyalty to the aims and ideas of the school and will bring any and all questions and criticism directly to the administration so that those in authority may properly consider them.

The teachers and administration are hereby given full discretion in the discipline of my child/children. This may include various forms of positive reinforcement or the issuing of detention, suspension, or expulsion from the school.

I also give my permission for my child to take part in all school activities, such as physical education activities and school sponsored trips, etc. In case of accident or serious illness, I request the school personnel contact me. If they are unable to reach me, I hereby authorize them to call my physician, and to follow his/her instructions. If it is not possible to contact his physician, the school personnel may make the necessary arrangements.

I understand that no student will be accepted by NAMESAKE CHRISTIAN ACADEMY who has experimented with illegal drugs, or participated in occult activities. I understand any use/experiment of contraband drugs will result in immediate expulsion with no right to appeal. I understand that students of NAMESAKE CHRISTIAN ACADEMY are expected to keep high standards and to have high moral conduct. No student sexually active will be admitted to NAMESAKE CHRISTIAN ACADEMY. I further understand that any violation of this rule will result in expulsion. NOTE: Parents/guardians of the student named above, has he/she ever been disciplined by any other school for the use of drugs or for promiscuous behavior? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, when and what action was taken?

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I further agree to hold the school and its agents harmless for the liability to my child or any guardian or parent thereof because of any claims on behalf of my child against the school or any agent thereof because of any injury or alleged injury to my child. Should legal action, for any reason, be taken against NAMESAKE CHRISTIAN ACADEMY, NAMESAKE APOSTOLIC CHURCH 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 cost that NAMESAKE CHRISTIAN ACADEMY, NAMESAKE APOSTOLIC CHURCH or its' agent should incur to defend itself against such action.

I understand that the tuition for my child/children attending NAMESAKE CHRISTIAN ACADEMY is arranged on is due on the first of each month, August through May. Furthermore, it is understood that if payment has not been received by the 10th of the month, a late fee will be added and my child/children will not be allowed to attend class until the tuition is paid current. I also understand that grade cards will be withheld until the past due amount is paid.

**Maintaining the integrity of the learning environment is the top priority**

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date