



New Student Application

Completed by parents

For the school year _____

Date ____ / ____ / ____

Grade to enter _____

STUDENT INFORMATION

Student's name _____
Last First Middle Called by

Mailing address _____
Street City State Zip

Gender male female Birth date ____ / ____ / ____ U.S. citizen yes no

FAMILY INFORMATION

Father's name _____ Mother's name _____

Cell phone () _____ Cell phone () _____

Email address _____ Email address _____

Cell phone () _____ Cell phone () _____

If parents are separated, who does the child live with? _____

ACADEMIC BACKGROUND

School attended last year _____

Mailing address _____
Street City State Zip

Student's grades have been superior above average average below average

Has the student failed any grades? yes no If yes, which grade(s) _____

Was the student absent more than 10 days this past school year? yes no If yes, please explain _____

Has the student ever experience academic, social, or disciplinary problems during his or her school career?

yes no If yes, please explain _____

Has the student ever been expelled or given in-school or out-of-school suspension? yes no

If yes, please explain _____

Has the student ever had a police report? yes no If yes, please have the court send an official copy of this report directly to North Fork Christian Academy, P.O. Box 26, Hotchkiss, CO 81419.

Has the student ever been recommended for testing or diagnosed as having a learning disability or any condition that would affect educational performance? yes no If yes, please explain _____

Is the student currently on a Section 504/Student Service Plan, IEP, or ILP? yes no
If yes, please provide a copy of your child's specialized education plan.

Has the student experienced a traumatic event that could affect his or her behavior or academic performance?

yes no If yes, please explain _____

Is the student currently taking any prescription medications to aid behavior or educational performance?

yes no If yes, please explain _____

GENERAL INFORMATION

How did you find out about NFCA? _____

Academy recommended by _____

Why do you want your child to attend NFCA? _____

Do the student's parents or guardians attend church? yes no

Family's church _____
Name Street City State Zip

In making application for my child, I desire to have him or her complete the school year _____. It is also my understanding that the policy of the school is to make no refunds or transfers on the application fee. To the best of my knowledge, the information given on this application is true and accurate. I also understand that by completing this application, it does not enroll my student in North Fork Christian Academy.

Date ____ / ____ / _____ Parent or guardian's signature _____

For office use only

_____ Date application submitted

_____ Date application fee paid

_____ Date of interview with academy administrator