



# 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 \_\_\_\_\_

Home phone ( ) \_\_\_\_\_      Home 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 2019-20 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 \_\_\_\_\_

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### For office use only

\_\_\_\_\_ Date application submitted

\_\_\_\_\_ Date application fee paid

\_\_\_\_\_ Date of interview with Academy Administrator