Date Received

New Kent Christian School (NKCS)



STUDENT APPLICATION FOR ENROLLMENT

Applying for Grade		School Year: <u>2024-2025</u>
PART I		
Student Name		Preferred Name
(First, Middle, Last)		
Student's Address		
(City, State, Zip)		
Date of Birth	Student's Age	Gender
PART II		
Father's (or Guardian's) Full Name		
Address, if different from student's		
Home Phone	Cell Phone	
Business Phone	Email	
Employer	Position	1
Mother's (or Guardian's) Full Name		
Address, if different from student's		
Home Phone	Cell Phone	
Business Phone	Email	
Employer	Position	1

Sibling name(s) and age(s):
Special Interests, Hobbies, Talents, or Aptitudes:
Physical, Mental, Emotional, Academic, or Behavioral Concerns:
Any additional information to share regarding the student:
Do you attend church?YesNo If yes, what church do you attend?
Are you a member?
Explain briefly why you desire a Christian education for your child.
What are your expectations of NKCS for your child?
How did you hear about NKCS?

PART III

SCH	OC)L	Н	115	5	ГС)F	,	Y

List all schools attended includ	ling preschool.	
NAME OF SCHOOL	CITY, STATE	GRADES ATTENDED
Has the student ever been sus	spended?YesNo	
Has the student ever been exp	pelled?YesNo	
Has the student ever been ask	ked to withdraw from any school?\	YesNo
f yes to any of the above que	stions, please provide details:	
Has the student ever been ret fyes, what grade level?	ained/held back?YesNo	
Has the student ever been tes	ted, evaluated, OR referred to Child Stud	ly?YesNo
Does the student have (or has	the student ever had) an IEP or 504 Plan	n?YesNo
	uestions, please provide a statement to e ing MUST be on file in the school office.	explain the diagnosis and/or treatment.
Does the student have (or has	the student ever had) a written behavio	r plan developed by school personnel?
• • • •	s) the written behavior plan was impleme , please provide a copy of the behavior pl	ented. If the student was provided a written lan with application documents.

PART IV

EMERGENCY AND MEDICAL INFORMATION

Name of Emergency Contact	
Relationship	-
Cell Phone	Additional Number(s)
Name of Emergency Contact	
Relationship	
	Additional Number(s)
Allergies? Medication allergies?	
Special medical conditions or diagnosis?	
l,	, give consent to New Kent Christian School to transport my child
(Parent/Guardian Printed Name)	
or have my child transported by emergency _l	personnel to or
	(Hospital Preference)

the nearest emergency medical location for emergency care. I understand that New Kent Christian School will attempt to contact me before securing medical treatment, but that this consent is given in case I am not available in an emergency. I release New Kent Christian School from all claims, loss, cost, damage, or expense arising out of or from any accident or other occurrences causing injury to any person or property.

PART V

Complete this portion <u>ONLY IF YOU DO NOT GIVE PERMISSION</u> for your student to appear in school publicity images, yearbooks or videos, including postings on the school website and social media.

There will be many activities and accomplishments that take place in our school that we feel are positive, noteworthy, and of interest to the community. NKCS and program partners will, from time to time, use still photography or videography for the purpose of highlighting student achievements or chronicling classroom/school activities. Those images may be used in informational newsletters, school brochures, class pictures, yearbooks, and other printed material published by NKCS and those acting under its permission. It is possible that those images might be used on the school web site or social media. The school will use discretion when posting on social media and students' names will not be used.

If you do not want your child's likeness to be used by NKCS for any of the above-mentioned pu	irposes, please initial on
the line below.	

_____I do **NOT** wish to have my child photographed/videotaped for school publicity purposes.

PART VI

TERMS AND CONDITIONS

- a. Applications are made to the governing authority of NKCS which reserves the right to accept or reject any application.
- b. NKCS admits students of any race, color, or national and ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students of the school. NKCS does not discriminate on the basis of race, color, or national and ethnic origin in administration of its educational policies.
- c. Applicants agree to abide by all school policies, rules and regulations, including provisions for dress codes and discipline.
- d. Applicants agree that their students will receive instruction in the Christian Faith and understand that the school will endeavor to be guided by a Christian worldview in all of its programs and activities.
- e. The school's Fees and Tuition Payment Schedule provides information about financial terms and obligations. It is updated annually. Students are enrolled for the entire year and the parent or guardian is responsible for all financial obligations upon enrollment. A non-refundable \$100.00 registration fee must be submitted with this Student Application form. Checks are made payable to New Kent Christian School.

I choose the following tuition payment option: _	· · · · · · · · · · · · · · · · · · ·

- 1. 12 monthly payments from August 5th to July 5th*
- 2. Payment in full by June 1st to receive 5% discount
- 3. Payment in full before August 5th to receive 3% discount
- 4. Payment in full on August 5th

*Responsible Payee's Social Security Number:		
(Required for the monthly payment plan)		

PART VII

PARENT/GUARDIAN AGREEMENT

I hereby certify that I have read this Student Application form. I agree to comply with the terms and conditions stated therein and furthermore accept the conditions and requirements of all other official policies and procedures of New Kent Christian School, including the payment of all fees and charges according to the published schedule of the school.

This application cannot be processed until the registration fee is paid in full and the application is signed by the parent or guardian of the applicant.

Name (Print):	
Name (Signature):	
Date:	
Please check if applicable:	
☐ I plan to enroll my child in B.A.S.E. (Before and After School Enrichment) for the 2024	1-2025 school year.
ENROLLMENT FEE (\$100)	
Please check one:	
☐ Cash or check included (checks made payable to NKCS)	
☐ Send invoice for electronic payment (due upon receipt)	