



1928 N. Fayetteville St.
Asheboro, NC 27203
336-672-1147

ngcaoffice@centurylink.net

Admissions Application

Interested parents should complete and return this application to NGCA with the required non-refundable registration fee before applicants can be considered for admission. Return application to academy administration office. **Please print neatly.**

I. STUDENT INFORMATION

Applicant's full name:

Last First Middle Preferred

Currently in grade: _____

Applying for grade: _____ For Year: _____

Date of birth: _____ Gender: Male / Female
(circle one)

Parents Names:

_____ / _____

Mother Father

Driver's License:

_____ / _____

Mother Father

Address: _____

City State Zip

Telephone:

_____ / _____

Mother Father

E-mail Address:

Mother

Father

It is the parent's/guardian's responsibility to update the school with student and family information changes as they occur during the year.

II. PHOTO

Please include a photograph of the applicant here.
A snapshot or family photo will suffice.

III. PARENT/GUARDIAN INFORMATION

Father

Name _____

Occupation _____

Employer _____

Business Phone _____

Cell Phone _____

Mother

Name _____

Occupation _____

Employer _____

Business Phone _____

Cell Phone _____

Who has legal custody of the child for whom application is being made?

****It is the parent's/guardian's responsibility to notify the school of any changes in custody and provide documentation while the child is enrolled at Neighbors Grove Christian Academy.****

If applicant lives with someone else other than parents, please state:

Applicant's Siblings

Name Age Current Grade School Currently Attending

IV. CHURCH AFFILIATION

Church Your Family Attends: _____

Pastor's name: _____

Church phone: _____

Are you a member of this church? _____

In what church activities is the applicant involved? _____

V. STUDENT ACADEMIC HISTORY

List other schools your student has attended, beginning with the most recent

School: _____ Grade: _____ Year(s): _____

Address: _____

Street

City

State

Zip

School: _____ Grade: _____ Year(s): _____

Address: _____

Street

City

State

Zip

****Please submit copies of student's report cards for the last two years.****

Has your child ever had to repeat a grade(s)? _____

If yes, which grade(s)? _____

Please state the reason for the retention. _____

Has your student been tested for or enrolled in a special program (resource, learning disability, gifted and talented, etc.)? _____

Please explain: _____

Has your student been diagnosed with ADD or ADHD? _____

Doctor _____

Medication(s) _____

Has your student been suspended/expelled from school? _____

If yes, please give the year of the suspension or expulsion and the reason(s). _____

List of extracurricular interests, abilities, and achievements: _____

VI. REFERRAL

Were you referred by someone to NGCA? _____

If so, by whom? _____

We first learned of NGCA through:

- _____ Student Currently Enrolled
- _____ Telephone Book
- _____ Minister
- _____ Newspaper
- _____ Other: _____
- _____ Parents of NGCA

Students: _____

Faculty/Staff: _____

Two key factors influencing our decision to apply to NGCA:

- _____ Location
- _____ Displeasure with Public Schools
- _____ Christian Philosophy
- _____ Recommendation of a Current
- _____ Academic Program
- _____ NGCA Family
- _____ Other: _____

**NOTICE OF NONDISCRIMINATORY
POLICY AS TO STUDENTS**

Neighbors Grove Christian Academy admits students of any race, color, national, or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national, and ethnic origin in administration policies, admissions policies, scholarship and loan programs, and athletic and other school administered programs.

VII. EMERGENCY CONTACTS

List several emergency contacts, in case parents or guardians are unavailable in the event of an emergency.

Name _____

Home Phone _____

Work Phone _____

Name _____

Home Phone _____

Work Phone _____

Name _____

Home Phone _____

Work Phone _____

VIII. AUTHORIZED PERSON(S) FOR PICK-UP

Those persons listed as Emergency Contacts will also be authorized to pick up your child (unless otherwise noted).

Name: _____

Name: _____

Name: _____

Name: _____

IX. MEDICAL INFORMATION

Allergies: _____

Doctor preference: _____

Preferred Doctor's Phone: _____

Hospital preference: _____

Preferred Hospital's Phone: _____

List all regular medication taken: _____

Health Insurance: (Provider) _____

(ID#) _____

By signing this form, I agree that the Administrator, teacher, or person in charge, may authorize the physician of his/her choice to provide emergency care for my child in the event that neither the preferred physician nor I can be contacted immediately. I also understand that my family medical insurance coverage is the primary insurance for my child. The Neighbors Grove Christian Academy Insurance is secondary insurance coverage.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Neighbors Grove Christian Academy

1928 North Fayetteville Street

Asheboro, NC 27203

www.neighborsgrove.com