

**III. PARENT/GUARDIAN INFORMATION**

<b>Father</b>	<b>Mother</b>
Name _____	Name _____
Occupation _____	Occupation _____
Employer _____	Employer _____
Business Phone _____	Business Phone _____
Cell Phone _____	Cell Phone _____

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

**\*\*It is the parent/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**

<b><u>Name</u></b>	<b><u>Age</u></b>	<b><u>Current Grade</u></b>	<b><u>School Currently Attending</u></b>
_____	_____	_____	_____
_____	_____	_____	_____

**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 your 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.)

Yes/No \_\_\_\_\_ Please Explain: \_\_\_\_\_

Has your student been diagnosed with ADD or ADHD? Yes/No \_\_\_\_\_ Doctor \_\_\_\_\_

Medication \_\_\_\_\_

Has your student been suspended or expelled from school for any reason? Yes/No \_\_\_\_\_

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

List of extracurricular interests, abilities, and achievements: \_\_\_\_\_

**VI. REFERRAL**

We first learned of NGCA through:

- |   |   |
|---|---|
| <input type="checkbox"/> Student currently enrolled | <input type="checkbox"/> Telephone Book           |
| <input type="checkbox"/> Minister                   | <input type="checkbox"/> Newspaper                |
| <input type="checkbox"/> Other                      | <input type="checkbox"/> Parents of NGCA Students |

Two key factors influencing our decision to apply to NGCA:

- |   |  |                                |
|---|--|--------------------------------|
| <input type="checkbox"/> Location             | <input type="checkbox"/> Recommendation of a Current NGCA family | <input type="checkbox"/> Other |
| <input type="checkbox"/> Christian Philosophy |  |                                |
| <input type="checkbox"/> Academic Program     | <input type="checkbox"/> Displeasure with public Schools         |                                |

**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 an emergency.

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**VIII. Authorized to pick up your child -** Those persons listed above as Emergency Contacts will also be authorized to pick up your child unless otherwise noted.

\_\_\_\_\_  
\_\_\_\_\_

**Medical Information**

Allergies \_\_\_\_\_

Doctor preference: \_\_\_\_\_ Phone \_\_\_\_\_

Hospital preference: \_\_\_\_\_ Phone \_\_\_\_\_

List all regular medication taken: \_\_\_\_\_

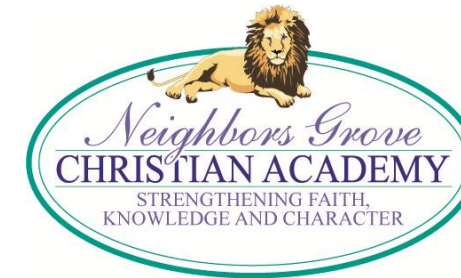
Health Insurance: \_\_\_\_\_  
Provider ID #

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](http://www.neighborsgrove.com)



**Asheboro, NC 27203**  
**336-672-1147**  
**ngcaoffice@centurylink.net**

**Admissions Application**

Interested parents should complete and return this application to NGCA with the required **\$100.00 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: \_\_\_\_\_

Currently in grade: \_\_\_\_\_ Last Applying for grade: \_\_\_\_\_ First Middle Preferred For Year: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Social Security#: \_\_\_\_\_  
(optional)

Parents Names: \_\_\_\_\_ / \_\_\_\_\_  
Mother Father

Driver's License: \_\_\_\_\_  
Mother Father

Address: \_\_\_\_\_

Telephone: (home) \_\_\_\_\_  
City State Zip  
Mother Father

E-mail Address: \_\_\_\_\_  
Mother Father

It is the parent/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.