



NLCA
NEW LIFE CHRISTIAN ACADEMY

STUDENT APPLICATION

812 Instrument Drive Rocky Mount, NC 27804 • 252-443-6560
www.newlifeacademyrm.com

2022-2023 SCHOOL YEAR

STUDENT INFORMATION

Date: _____

NAME:

First: _____ Middle: _____ Last: _____

Address: _____ City _____ State _____ Zip _____

Mailing Address: (if different): _____

Date of Birth: _____ Age: _____ Sex: _____ Race: _____

Last grade completed _____ Grade Entering _____ Last School Attended: _____

Have you previously attended NLCA? Yes No If yes, when? _____

Registration Fee - Due when application is submitted

❖ Applications will not be considered if registration fee is not paid (Non-Refundable)

\$75.00 Early Registration Fee (if registered before May 1st)

\$125.00 Registration Fee (if registered on or after May 1st)

(Office Use Only) PAID: _____ DATE: _____

Book Fees (Due on or before July 1 of current school year)

\$200 - Pre K

\$325 - Kindergarten - 6th Grades

\$375 - 7th-10th Grade

11th & 12th grades subject to class selections

(Office Use Only) PAID: _____ DATE: _____

Tuition: --

\$3,500.00 Per Student for all grades

- 1 time payment of \$3,500
Due on or before August first of current school year
- 2 payments of \$1750
*1st payment due on or before August first of current school year.
2nd payment of \$1500.00 due on or before January 1.*
- 10 monthly payments of \$350
Due on the 1st of the month from August to May.

Late fees will be assessed after the 10th of the month if payment is not made on time.

MOTHER'S INFORMATION

NAME:

First: _____ Last: _____

Address: _____ City _____ State _____ Zip _____

Mailing Address: (if different): _____

Home # _____ Cell # _____ Work # _____

Employer's Name: _____

Email Address: _____

Church Member Yes ___ No ___ Church Name: _____

FATHER'S INFORMATION

NAME:

First: _____ Last: _____

Address: _____ City _____ State _____ Zip _____

Mailing Address: (if different): _____

Home # _____ Cell # _____ Work # _____

Employer's Name: _____

Email Address: _____

Church Member Yes ___ No ___ Church Name: _____

Grand Parents Name(s) (Maternal)

Contact Information: (Home) _____ (Cell) _____

Address: _____ City _____ State _____ Zip _____

Email Address: _____

Grand Parents Name(s) (Paternal)

Contact Information: (Home) _____ (Cell) _____

Address: _____ City _____ State _____ Zip _____

Email Address: _____

STUDENT ACADEMIC INFORMATION

Last School Attended _____

Most Recent Teacher _____

Student's Academic Strengths _____

Student's Academic Challenges _____

❖ Has student been recommended for testing, been tested, and/or diagnosed for any of the following conditions?
Check all that apply

- | | | |
|---|--|--|
| <input type="checkbox"/> Academically Gifted | <input type="checkbox"/> Hyperactivity | <input type="checkbox"/> Orthopedic Impairment |
| <input type="checkbox"/> Attention Deficit | <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Speech Impairment |
| <input type="checkbox"/> Emotional Disability | <input type="checkbox"/> Mental Retardation | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Neurological Impairment | <input type="checkbox"/> Other |

Explanation: _____

Has your student ever received special academic help, such as tutoring? Yes/No -- If so, describe:

Has your student ever been suspended from school? Yes/No – if so, describe:

Why do you desire your child to attend New Life Christian Academy?

How did you hear about New Life Christian Academy?

MEDICAL / EMERGENCY INFORMATION

In case of illness or emergency, I want the following people contacted in this order:

1. Name: _____ Relation: _____
Contact # _____ Alternate # _____

Check box if this person is eligible to pick up your student.

2. Name: _____ Relation: _____
Contact # _____ Alternate # _____

Check box if this person is eligible to pick up your student.

3. Name: _____ Relation: _____
Contact # _____ Alternate # _____

Check box if this person is eligible to pick up your student.

Please list below any additional individuals eligible to pick up your student from school.

Name: _____ Relation _____ Contact # _____

Name: _____ Relation _____ Contact # _____

Please list below any medications your child is required to take: (Home and/or School)

- _____
- _____
- _____
- _____
- _____
- _____

If your child must take medication at school a Medical Release Form must be completed and kept on file in the school office. All medication, including, over the counter must be maintained in school office and may not be in possession of student at any time.

Allergies: Yes/No Medicine _____

Foods _____

Other _____

- ❖ Please provide a copy of your child's immunization record for our files.
- ❖ All rising seventh graders will need a booster immunization.
- ❖ Please update this form if any information changes throughout the year.



2022-2023 SCHOOL YEAR

- ❖ We agree to pay the tuition according to the following arrangements and to conclude all required payments before the last day of school. All tuition is due on the first of the month.
- ❖ We understand that in the event any payment has not been received within 45 days after due date, your student will not be permitted to begin a new grading period.
- ❖ We understand there will be a \$30.00 fee assessed to our account for any returned check, as well as, a \$25.00 late fee will be assessed for any payment paid after the 10th of the month.
- ❖ We agree to pay any open balance on our account before requesting that transcripts be released.
- ❖ We understand that any tuition and fees from a previous year must be paid in full before July 1st of current year to continue at New Life Christian Academy.
- ❖ We understand that there are only two options available for paying tuition payments. We may choose to pay my tuition in whole by August 1st of current school year, or we may choose to sign up for automated draft from our checking account, through Smart Care. *(When using Smart Care parents are required to use the Bank ACH/Draft feature. If parents choose to use the Debit/Credit card feature any fees associated with the transaction will be applied to their account.)*
- ❖ We understand that per the Parent-Student Handbook we are required to complete 15 hours of volunteer service at New Life Christian Academy. If hours are not completed before the end of school there will be a monetary penalty of \$375 and/or \$25.00 an hour for any remaining hours not worked.
- ❖ We understand that this document is meant to be legally binding and we have read and agree to the statements above.

Date: _____

Signature of Parent or Guardian: _____