



**NLCA**  
NEW LIFE CHRISTIAN ACADEMY

# STUDENT APPLICATION

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

## 2024-2025 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 \_\_\_\_\_ (or grade currently in) Grade Entering \_\_\_\_\_ Last School Attended: \_\_\_\_\_

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 1<sup>st</sup>)

\$125.00 Registration Fee (if registered on or after May 1<sup>st</sup>)

(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: -- \$4,000.00 Per Student for all grades

- 1 time payment of \$4,000.00  
*Due on or before August first of current school year*
- 2 payments of \$2,000.00  
*1<sup>st</sup> payment due on or before August first of current school year.  
2<sup>nd</sup> payment of \$2,000.00 due on or before January 1.*
- 10 monthly payments of \$400.00  
*Due on the 1<sup>st</sup> of the month from August to May.*

*Late fees will be assessed after the 10<sup>th</sup> 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

\_\_\_ Academically Gifted

\_\_\_ Hyperactivity

\_\_\_ Orthopedic Impairment

\_\_\_ Attention Deficit

\_\_\_ Learning Disability

\_\_\_ Speech Impairment

\_\_\_ Emotional Disability

\_\_\_ Mental Retardation

\_\_\_ Visual Impairment

\_\_\_ Hearing Impairment

\_\_\_ Neurological Impairment

\_\_\_ 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.



## 2024-2025 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 10<sup>th</sup> 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 1<sup>st</sup> 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 1<sup>st</sup> 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: \_\_\_\_\_