



# NEW BEGINNINGS CHRISTIAN ACADEMY

## Application for Admission 2008/2009

7020 Ramona Blvd  
Jacksonville, FL 32205  
Phone: (904)786-3178/ Fax: (904)786-3328  
e-mail: [nbca@nbccjax.org](mailto:nbca@nbccjax.org)

### For Office Use Only

Student ID: \_\_\_\_\_  
Date of App: \_\_\_\_\_  
Start Date: \_\_\_\_\_  
Scholarship: \_\_\_\_\_

**Student Information:** ( We must have an individual application for every individual student.)

Students Last Name: \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Preferred Nickname: \_\_\_\_\_ Social Security # (required) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Is the student a U.S. Citizen? [ ] No [ ] Yes Place of Birth: \_\_\_\_\_

Gender: [ ] Male [ ] Female - Ethnicity: [ ] Am. Indian [ ] Asian [ ] Black [ ] Hispanic [ ] White [ ] Other \_\_\_\_\_

Grade applying for (circle one): 3 4 5 6 7 8 9 10 11 12

Is student at proper grade level? \_\_\_\_\_

Please list the names and grades of any siblings who are/will be attending NBCA: \_\_\_\_\_

Who has legal custody of the student? [ ] Both Parents [ ] Father [ ] Mother [ ] Other: \_\_\_\_\_

With whom does the student live: [ ] Both Parents [ ] Father/Stepmother [ ] Mother/Stepfather [ ] Father only  
[ ] Mother only [ ] Other: \_\_\_\_\_

**Legal court documentation valid in Florida must be submitted with their paperwork if either parent is not allowed to see or pick up the student or release info to.**

### **Student Medical Information:**

Please list any and all Physical Limitations, Medications and/or Allergies: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Hospital: \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_ Policy: \_\_\_\_\_

**Father /Guardian Information**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ M.I.: \_\_\_\_\_

[ ] Address same as students. If different from student's please provide address:

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone:( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Spouse's name if other than student's mother: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone:( ) \_\_\_\_\_

Church you attend: \_\_\_\_\_ [ ] None Are you a member? [ ] Yes [ ] No

Are you a born-again Christian? [ ] Yes [ ] No

Email address: \_\_\_\_\_

Are you interested in volunteering? [ ] Yes [ ] No

In what capacity? Parent Teacher Fellowship \_\_\_ Monitoring classrooms \_\_\_ Cafeteria monitor \_\_\_  
Sports Coach \_\_\_ Helping with Fund raising \_\_\_ Field Trips \_\_\_ Other \_\_\_\_\_

**Mother /Guardian Information**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ M.I.: \_\_\_\_\_

[ ] Address same as student's. If different from student's please provide address:

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone:( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Spouse's name if other than student's mother: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone:( ) \_\_\_\_\_

Church you attend: \_\_\_\_\_ [ ] None Are you a member? [ ] Yes [ ] No

Are you a born-again Christian? [ ] Yes [ ] No

Email address: \_\_\_\_\_

Are you interested in volunteering? [ ] Yes [ ] No

In what capacity? Parent Teacher Board \_\_\_ Monitoring classrooms \_\_\_ Cafeteria monitor \_\_\_  
Sports Coach \_\_\_ Helping with Fund raising \_\_\_ Field Trips \_\_\_ Other \_\_\_\_\_

**Emergency/Pick-up Information:**

Please list at least two (2) adults (friends, relatives, or neighbors) that are authorized to remove your child from campus and mark those that should be used as an emergency contact if parents are unavailable.

Name \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Emergency contact [ ] No [ ] Yes If Yes, provide phone # (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Emergency contact [ ] No [ ] Yes If Yes, provide phone # (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Emergency contact [ ] No [ ] Yes If Yes, provide phone # (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Emergency contact [ ] No [ ] Yes If Yes, provide phone # (\_\_\_\_) \_\_\_\_\_

**Student's School History:**

Last school attended: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Was student previously enrolled at NBCA? \_\_\_\_ If no, reason for withdrawal from prior school: \_\_\_\_\_

Grade attended at NBCA: K 5 1 2 3 4 5 6 7 8 9 10 11 12

Why do you want your child to attend NBCA? \_\_\_\_\_

Has student ever repeated a grade? [ ] No [ ] Yes Skipped a grade? [ ] No [ ] Yes  
Home Schooled? [ ] No [ ] Yes

Please explain: \_\_\_\_\_

Has student ever been expelled or suspended? [ ] No [ ] Yes, Why? \_\_\_\_\_

Has the student had any type of special testing (gifted, Learning disability, ADD, ADHD, Dyslexia, etc.)?  
[ ] No [ ] Yes If yes, please describe and include a copy of the latest evaluation report: \_\_\_\_\_

Does the family have outstanding debts with other schools? [ ] No [ ] Yes, Where? \_\_\_\_\_

Do you have the McKay or Corporate Tax Credit scholarships to apply to your tuition? [ ] No [ ] Yes

## AGREEMENTS AND WAIVERS

Please read each of the following sections carefully before signing.

### Medical Treatment Release

In case of accident or serious injury, I request that the school contact me. If the school is unable to reach me, I hereby authorize the school to call the physician named in the students medical information of this application and to follow his instructions. If it is impossible to contact the physician, the school may make whatever arrangements necessary and I will not hold the school financially liable for my child's care.

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Parent/Guardian Signature

Date

### Statement of Cooperation

In making application for my child it is my desire to have him/her complete the 2008/2009 school year. I also give permission for my child to take part in all school activities, including sports and school-sponsored trips away from the school premises, and absolve the school from liability to me or my child because of any injury to my child at school or during any school activity.

I agree that lawsuits between Believers are prohibited by Scripture and agree to submit to binding arbitration any matters that cannot be otherwise resolved.

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Parent/Guardian Signature

Date

### Parent Orientation/Open House Agreement

I understand that it is required that at least one parent attend the Parent Orientation at the beginning of each school year and the scheduled Open House in the fall.

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Parent/Guardian Signature

Date

### Dress Code Agreement

School Colors: Green-Black-Gold

NBCA logo shirts are to be worn at all times while on campus. NBCA T-shirts will be worn during specified days and occasions.

**Please see the student handbook for further details on our school dress codes.**

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Parent/Guardian Signature

Date

### Cell Phone Agreement

It is the policy of New Beginnings Christian Academy that no student is allowed to use a cell phone during school hours. Any exception must get approval from the administration.

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Parent/Guardian Signature

Date

New Beginnings Christian School does not discriminate in student admissions on the basis of race, color, national or ethnic origin. As a private institution, the school reserves the privilege of setting and maintaining its own standards for student scholarship, conduct, dress and appearance and maintains the right to deny admission to any student who fails to meet the basic admission requirements.