



We are so thankful you are interested in New Life Christian School. This page contains information on the application process and includes a check-list to help ensure you obtain the information that is needed to complete the application.

- Application for Admission
- Developmental Information
- Copy of Birth Certificate
- Certificate of Immunization Status
- Signed Parent's Statement of Agreement
- Signed Statement of Faith
- Pastoral Reference
- \$150 Registration, Supply and Curriculum Fee

Once the above information has been completed and returned to New Life Christian School the Board of Directors will schedule an interview with your family so that we have an opportunity to learn more about your family and for your family to learn more about our school. An admissions decision will be provided upon completion of the application and interview process. We look forward to your family joining our New Life Christian School family.

Please list school previously attended, beginning with the **MOST RECENT SCHOOL**

School	Address	City	State and Zip
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School	Address	City	State and Zip
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Has the student ever been: Suspended Expelled Asked to Withdraw

If your child has been suspended, expelled or asked to withdraw please submit details on a separate sheet of paper including the principal's name and the address of the school.

Has the student ever repeated a grade? _____ If so, please state grade and date.

Grade: _____ Date _____

If you have further information which may assist in the guidance of your student at New Life Christian School such as medical, psychological or other information, please indicate below:

Statement of personal Christian experience and faith:

Father: _____

Mother: _____

Why do you desire for your student to enter New Life Christian School?

Release of Information

New Life Christian School is permitted to publicly release certain information about students such as name, photograph, dates of attendance, participation in officially recognized sports and activities, diplomas and awards received, and honor roll. Such information is not released for commercial purposes. If parents or guardians do not wish to release such information, they should notify the school in writing. If there is no response, New Life Christian School will assume that there is no objection to the limited release of such information. We will make every reasonable effort to protect the privacy of students.

Statement of Non-Discrimination

New Life Christian School does not discriminate on the basis of race, color, national origin, age or sex in administration of its admission and educational policies or its scholarship, tuition aid and other administered programs. New Life Christian School does reserve the right to select students on the basis of academic performance, religious commitment and personal qualifications including a willingness to cooperate with the school administration, faculty, and staff, and to abide by school policies.



Pastoral Reference

This form is to be completed by the pastor most able to attest to the following family's church involvement. The parent(s) and student(s) listed below have applied for admission to New Life Christian School.

Parents, please fill in your name and your child(ren)'s name and grade before giving to your pastor.

Parents' Names: _____

Child(ren)'s Name(s):

Name: _____

Grade: _____

Name: _____

Grade: _____

Name: _____

Grade: _____

Name: _____

Grade: _____

The family attends our Sunday worship service: Seldom Weekly Monthly

List those who attend church from this family:

This family is involved in midweek service: Yes No

This family is involved in one or more church ministries: Yes No

If yes, what ministries? _____

Comments: _____

Name: _____

Position: _____

Signature: _____

Date: _____

Church Name: _____

Phone Number: _____

Address: _____

Please mail completed confidential form to the school. Thank you!



Parent's Statement of Agreement

We, as parents who are accepting the challenge to "train up a child in the way he should go" (Proverbs 22:6), do state that this training will be carried on in the HOME and in the attendance at CHURCH services of our own choice. We shall place our trust in New Life Christian School to extend that training more completely for as long as our child is enrolled therein.

We hereby invest authority in the school to discipline our child, which will be administered in Christian love. All discipline exercised by the school board will be within the laws and regulations of the State of Washington. We further agree that we will cooperate and will discipline our child in the home as needed. As parents, we will be informed of disciplinary action taken at school relative to infractions of school day or at school-related functions.

We understand that assessments will be made to cover damage to school property (window breakage, abuse to books, etc). We further agree to hold the school and its agents harmless for any liability to our child because of any claims on behalf of our child against the school or any agent thereof because of an injury or alleged injury to our child. Should legal action, for any reason, be taken against New Life Christian School or any employee or agent thereof on my child's behalf, and the school or its agent not found at fault, we agree to pay attorney and court fees, damages or other costs the New Life Christian School or its agents should incur in defense against such action.

We agree to pay all tuition and fees as published for each school year our children are enrolled in new Life Christian School.

We pledge our fullest cooperation to keep doctrinal controversy and denominationalism out of the school at all times.

We give permission for our child to take part in all school activities, including sports and school sponsored trips away from the school facility, with the understanding that all such activities will have proper supervision by school authorized personnel.

Signatures

Father or Legal Guardian: _____ Date _____

Mother or Legal Guardian: _____ Date _____

NOTE: This form must have two signatures, unless custody of the child(ren) is legally assigned to one parent. If such is the case, please explain: _____



Statement of Faith

1. We believe the Bible alone to be the Word of God, the ultimate and infallible authority for faith and practice.
2. We believe in one God, eternally existent in three persons: Father, Son, and Holy Spirit.
3. We believe in the deity of our Lord Jesus Christ, His virgin birth, His sinless and perfect life, His miracles, His substitution and debt-canceling death on the cross, His bodily resurrection from the dead, His ascension to His Father's right hand, and His future, personal return in power and glory.
4. We believe because of the exceeding sinfulness of man; it is absolutely necessary for each person to be regenerated by the Holy Spirit in order to receive eternal life.
5. We believe that salvation is by grace alone, through faith alone, and in Christ alone.
6. We believe in the resurrection of both the redeemed and the lost: those who are redeemed unto resurrection life and those who are lost unto eternal damnation.
7. We believe in the present ministry of the Holy Spirit by whose indwelling the believer is enabled to live a Godly life, and that faith without works is dead.
8. We believe in the spiritual oneness of believers in our Lord Jesus Christ.
9. We believe that God defined marriage as the life-long covenant between one man and one woman, and that all forms of sexual activity outside of marriage are sin.
10. We believe that God immutably creates each person to reflect His image as male or female.
11. As a member of the Association of Classical, Christian Schools (ACCS), NLCS also subscribes to the ACCS statement of faith, which found in that association's bylaws.

Signature: _____ Date: _____

Developmental Information

Name of Child: _____ Gender: _____

Birth date: _____ Age: _____ Phone: _____

Address: _____

Has your child attended preschool? Yes No

Name & address of school: _____

When: _____

Days per week: _____

FAMILY HISTORY

Father: _____ Occupation: _____ Birth date: _____

Mother: _____ Occupation: _____ Birth date: _____

Marital Status of Parents: Married Separated Widowed Divorced

Guardian (if other than parents): _____

Who is responsible for child if parent(s) work outside of home: _____

Other adults living at home: _____ Relationship _____

Language(s) spoken at home: _____

Brother and/or sisters of child:

<u>Full Name</u>	<u>Age</u>	<u>Speech, Hearing, Reading, or Other Educational Difficulties</u>
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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Are any children in your home adopted or foster children? Yes No

If yes, please provide names: _____

Is there a family history of any of the following? (Please explain)

- Seizures Scoliosis Asthma Visual Problems Diabetes Hearing Loss
 Tuberculosis High Blood Pressure Congenital Defects
 Other: _____

PRENATAL AND BIRTH INFORMATION

Were pregnancy and delivery normal? Yes No

If not give details: _____

Was baby full-term? Yes No

If "NO," number of months and reason: _____ Birth weight: _____

CHILD'S MEDICAL HISTORY

- | | | |
|---|------------------------------|-----------------------------|
| Has your child had any unusual illness or injuries? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has your child had any convulsions or seizures? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is your child on long-term medication for any condition? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has your child ever been hospitalized? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has your child had any psychological or neurological evaluations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has your child had any evidence of a hearing problem? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does your child have any physical defects? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has your child had any evidence of vision problems? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does your child have any speech difficulties? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does your child have any allergies? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does your child take any medications? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please provide details for any area(s) checked "yes."

DEVELOPMENTAL INFORMATION

Sleep Habits (Check those that apply):

- Sleeps Well Naps Sleepwalks Sleeps Restlessly

Comments: _____

Developmental Milestones:

At what age did your child:

Teethe: _____ Sit up: _____ Walk: _____ Toilet Train: _____

Speak Words: _____ Speak in Sentences: _____

Developmental Concerns (Check those that apply):

- Overactive Short Attention Span Bed Wetting Separation Difficulties
 Temper Tantrum Nail Biting Thumb Sucking Tics

Comments: _____

SOCIAL AND EMOTIONAL INFORMATION

Does your child have any specific fears? _____

Please comment on any social and emotional factors you feel would be helpful to us in providing an appropriate and supportive climate for your child. Please attach any additional pages and relevant preschool records or reports: _____

Signature of Person Completing Report: _____