



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
- \$200 Registration, Supply and Curriculum Fee (K-8 Grade Students)
- \$300 Registration, Supply and Curriculum Fee (9<sup>th</sup> – 11<sup>th</sup> Grade Students)

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, including the entrance exam. We look forward to your family joining our New Life Christian School family.

### Statement of Non-Discrimination

NLCS admits students of any race, color, national and 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 of its educational policies, admissions policies, tuition assistance programs, athletic and other school-administered programs.



## Application for Admission

KINDERGARTEN APPLICANTS MUST BE 5 YEARS OF AGE BY JUNE 1 AND FIRST GRADE APPLICANTS 6 YEARS OF AGE BY JUNE 1. A BIRTH CERTIFICATE IS REQUIRED.

*For Office Use Only:*  Interviewed  Business Office  Front Office  Testing

Please indicate race for annual reporting to Washington State Superintendent of Public Instruction  
 Black  White  Asian  American-Indian  Hispanic  Other

Application Date: \_\_\_\_\_ School Year: \_\_\_\_\_ Grade Applying For: \_\_\_\_\_

Student's Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Mailing Address where Student Resides: \_\_\_\_\_

City State Zip

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Names and address of living grandparents and/or next of kin to be contacted in case of an emergency:

\_\_\_\_\_  
Name Address City State and Zip

\_\_\_\_\_  
Name Address City State and Zip

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:

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Church Currently Attending: \_\_\_\_\_

Length of Time Attended: \_\_\_\_\_

Frequency of Attendance:                       Seldom                       Weekly                       Monthly

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

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Statement of personal Christian experience and faith:

Father: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mother: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 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.



## 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

New Life Christian School exists to serve Christian parents in disciplining their children *in the nurture and admonition of the Lord (Eph. 6:4)*. This means the statement of faith is critical to our mission and vision of education. From the board to staff and our families, there is no part of our school culture or curriculum where we do not want to see the gospel of Jesus Christ flourishing. We unapologetically teach key elements of Protestant Christianity. Secondary or divisive doctrine and issue will not be presented as primary doctrine. If you are seeking the services of NLCS and hold to a worldview that is contrary to the one below, our school may not be the best fit for your family.

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.

The statement of faith does not exhaust the extent of our beliefs. The Bible itself, as the inspired and infallible Word of God that speaks with final authority concerning truth, morality, and the proper conduct of mankind,

is the sole and final source of all that we believe. For purposes of NLCS's faith, doctrine, practice, policy, and discipline, the Board of Directors is NLCS's final interpretive authority on the Bible's application.

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father's 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:

Full Name Age Speech, Hearing, Reading, or Other Educational Difficulties

\_\_\_\_\_



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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:

Teeth: \_\_\_\_\_ 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: \_\_\_\_\_