



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
- \$25 Registration Fee
- Copy of Birth Certificate
- Parent's Statement of Agreement
- Pastoral Reference
- Request for Transfer of Student's Records
- Transcripts from Current School
- Certificate of Immunization Status

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.



## Application for Admission

KINDERGARTEN APPLICANTS MUST BE 5 YEARS OF AGE BY AUGUST 31 AND FIRST GRADE APPLICANTS 6 YEARS OF AGE BY AUGUST 31. 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

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

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

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

With whom does the student live?

Both Parents  Mother Only  Father Only  Grandparent(s)  
 Father & Step-Mother  Mother & Step-Father  Other \_\_\_\_\_

**Please fill out the following for person(s) listed in the previous question with whom the student resides.**

Father (Male Guardian) Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Company Position Phone

New Life Christian School  
911 E Division Ave  
Ephrata, WA 98823

[www.NewLifeEphrata.com](http://www.NewLifeEphrata.com)  
(P) 509.754.5558  
(F) 509.754.3540

Mother (Female Guardian) Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Company

Position

Phone

If the student **DOES NOT** reside with one or both parents, please fill out the following:

Father's Name: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Mother's Name: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Parents are:  Married  \*Separated  \*Divorced  One Parent Deceased

If parents are separated or divorced, who has legal custody of the student?

\_\_\_\_\_

Names and ages of brothers and sisters:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
School Address City State and Zip

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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What church does your family attend? \_\_\_\_\_

What is your involvement there? \_\_\_\_\_

Statement of personal Christian experience and faith:

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

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

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

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Each family must complete a minimum of 50 hours of volunteer service to the school each year (full-time students only). List any interests and talents you have and would be willing to share with the school.

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### 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 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

We believe the Bible to be the only inspired infallible, authoritative Word of God. In so stating this, we believe such things as the Biblical account of creation and the subsequent events are historically accurate and compatible with true science.

We believe in one God, eternally existent in three persons: Father, Son and Holy Spirit.

We believe in the deity of our Lord Jesus Christ, His virgin birth, His sinless and perfect life, His miracles, His substitutionary and debt-cancelling death on the cross, His seat at the Father's right hand, and His future personal return in power and glory.

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.

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.

We believe in the present ministry of the Holy Spirit by whose indwelling the believer is enabled to live a Godly life. We believe in the spiritual oneness of believers in our Lord Jesus Christ.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_





# Request for Transfer of Student's Records

Transfer To:

New Life Christian School  
911 E Division Ave  
Ephrata, WA 98823

Transfer From:

School: \_\_\_\_\_ District: \_\_\_\_\_

Address: \_\_\_\_\_

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

Fax Number: \_\_\_\_\_

School Official: \_\_\_\_\_ Date: \_\_\_\_\_

Student	Date of Birth	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I acknowledge notification of this transfer of records as required by the Family Education Rights and Privacy Act of 1974 and understand that I have a right to receive a copy at my own expense, if requested, and have an opportunity for a hearing or challenge the content of the records. I understand that the information transferred will be treated in a confidential manner and will not be transmitted to a third party without my consent.

My signature below indicates my consent to transfer the records as indicated at the top of this page. Must be signed by Parent or Guardian.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (print or type): \_\_\_\_\_

Address: \_\_\_\_\_