STUDENT INFORMATION

Last Name	Firs	t Name	Middle	
Street Address	Apt i	#		
City Name	State		Zip Code	
Area Code Telephone Number				
Age: Male Female	/ Mo	/		
School Last Attended	Last	Grade Cor	mpleted	
FAMILY INFORMATION				
Father's Name	Employ	Employer		
Position	Teleph	Telephone Number		
Mother's Name	Employer			
Position	Teleph	Telephone Number		
Emergency Telephone Number other than tho	se already lis	sted:		
Area Code Telephone Number	Relation	Relationship to Student		
School age children in family not applying:				
Name	Age	Reason	for not applying	
Name	Age	Reason	for not applying	
Name	Age	Reason	for not applying	
Name	Age	Reason	for not applying	
How did hear about this school?				
Internet Radio Friend Student	Paren	t Oth	er	

New Covenant Academy Inc.

SCHOLASTIC INFORMATION

Has student ever been expelled, dismissed, suspended, or otherwise been refused admission to any other school?
Yes No If yes, please provide explanation:
Has student ever had any disciplinary difficulties or issues?
Yes No If yes, please provide explanation below:
Has student ever been in trouble with the law, arrested, probation, etc?
Yes No If yes, please provide explanation below:
Has student ever used tobacco or drugs of any kind? Yes No If yes, please provide explanation below:
Please indicate academic level of pupil's previous work.
Excellent: Good: Average: Poor:
Has child ever failed in school? Yes No
If yes, please provide explanation below:
RELIGIOUS INFORMATION
Church Attending Pastor Name Telephone Number
Is Father a Christian? Yes No Is Mother a Christian? Yes No
Has applicant ever made a profession of faith in Christ? Yes No
Application must be filled out completely before it can be processed. Application, Registration, and Testing fees are not refundable.
An interview with the parents and the student will be required before final acceptance.
FAX COMPLETED FORM TO 918-279-8367.