



**Nazarene
Christian
Academy**

764 Hathaway Rd, New Bedford, MA 02740 • Tel. 508-992-7944, Fax 774-328-9513

Application For Admission Grades 1-6

Directions

Please fill in the required information and return this form to the applicant's current school office or guidance counselor. The applicant's current school should provide or directly submit a guidance evaluation form, previous and current grade reports, supporting academic and accommodation information, attendance records, discipline/conduct records and any other supporting information.

In addition to this form, a non-refundable application fee of \$200 should be submitted to Nazarene Christian Academy in the form of a check, money order, credit card payment or STAR Kids Fee Waiver.

Student Information

Name		Date of Birth ____/____/____	
Address	City/Town	State	Zip Code
Home Phone () ____-____		Cell Phone () ____-____	
Applying to Grade ____ 1 ____ 2 ____ 3 ____ 4 ____ 5 ____ 6			
Current School		Current Grade Level ____	
School Address	City/Town	State	Zip Code
School Phone () ____-____		School Contact Person	

Family Information

Parent/Guardian Name		
Address	City/Town	State Zip Code
Home Phone () ____-____		Cell Phone () ____-____
Email Address		
Employer		
Sibling Information (optional)		
Name	Grade	School
1		
2		
3		
4		

Voluntary Information

Nazarene Christian Academy admits students and makes available to them its advantages, privileges and courses of study without regard to race, color, national origin, religious preference, gender, sexual orientation, disability or homelessness.

Completion of this section is voluntary. It may be completed in full, partially or applicant may choose to not complete any information within this section of the application. Information submitted voluntarily will not affect the outcome of admission to Nazarene Christian Academy.

Applicant's Race

____Asian ____Black or African American ____Hispanic ____Native American ____White ____Other (specify)_____

Primary Language spoken in the applicant's home _____

Special Learning Needs

Does the applicant have a Special Education Plan? ____Yes ____No (if "yes" please forward)

Does the applicant have a 504 Plan? ____Yes ____No (if "yes" please forward)

Currently received services

Title I ____Yes ____No Special Education ____Yes ____No ESL/Bilingual ____Yes ____No

Previously received services

Title I ____Yes ____No Special Education ____Yes ____No ESL/Bilingual ____Yes ____No

Last date of service ____/____/____

Parent and Applicant Signatures

I hereby apply for enrollment to Nazarene Christian Academy. If accepted, I agree to abide by the rules and regulations of the school. I will do my personal best to achieve academically, socially and spiritually.

Applicant Signature: _____ Date: _____

As the parent/guardian of the above applicant, I hereby approve this application. I further agree to provide the necessary time, cooperation and support needed to help my child to fulfill the academic, social and spiritual requirements of Nazarene Christian Academy. **My signature acknowledges and authorizes the release of all information requested with this application.**

Parent/Guardian Signature: _____ Date: _____

Thank you for your interest in Nazarene Christian Academy, please direct any questions to the school office via telephone (508) 992-7944 or email guidance@ncacademy.org.

Please note: Incomplete applications or applications submitted without signatures, all required information and/or application fee will not be reviewed for admission. False or misleading information may result in a revocation of acceptance.