



**N**azarene  
**C**hristian  
**A**cademy

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](mailto: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.