



**Nazarene
Christian
Academy**

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

Application For Admission Grades 7-12

Directions

Please fill in the required information and return this form to the applicant's guidance counselor. In addition to this form, the applicant should provide two supporting letters of recommendation (clergy, coach, youth leader, mentor etc.). The applicant's current school will submit a guidance recommendation form, teacher evaluation forms, previous year and current year grade reports/transcripts, supporting academic and accommodation information, attendance records, discipline/conduct records and any supporting information.

Student Information

Name		Date of Birth ____/____/____	
Address	City/Town	State	Zip Code
Home Phone () ____-____		Cell Phone () ____-____	
Applying to Grade ____ 7 ____ 8 ____ 9 ____ 10 ____ 11 ____ 12			
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. **My signature acknowledges and authorizes the release of all information requested with this application.**

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.

To be completed by sending school

Sending School Information

School Name	Guidance Counselor or School Official	School Phone Number () ____ - ____ ext ____	
Street Address	Town/City	State	Zip Code
Email Address	School Web Address	School's Passing Grade _____ %	

Attendance and Discipline Information

<p>Attendance record (please list the number for each):</p> <p>____ Excused absences Previous Grade</p> <p>____ Unaccounted/unexcused absences Previous Grade</p> <p>____ Tardy arrivals Previous Grade</p> <p>____ Excused absences Current Grade</p> <p>____ Unaccounted/unexcused absences Current Grade</p> <p>____ Tardy arrivals Current Grade</p> <p>Additional comments: _____</p> <p>_____</p>	<p>Discipline record (please list the number for each):</p> <p>____ Detentions recorded Previous Grade</p> <p>____ Suspensions recorded Previous Grade</p> <p>____ Detentions recorded Current Grade</p> <p>____ Suspensions recorded Current Grade</p> <p>Additional comments: _____</p> <p>_____</p>
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Guidance Counselor Evaluation (Check One)

____	Excellent: Highly motivated student with excellent leadership skills, excellent work ethic, excellent citizenship/conduct
____	Above Average: Motivated, good attitude toward school and learning, good work ethic, good citizenship/conduct
____	Average: Successfully completes tasks, mostly attentive, good attitude toward school, follows directions
____	Below Average: Not motivated, attitude and motivation can be problematic, may not follow rules consistently
____	Poor: Not motivated to attend or complete school, attitude, behavior and work ethic are less than desirable

Guidance Counselor Recommendation (Check One)

Nazarene Christian Academy is a private, college preparatory, non-denominational, non-profit, urban, Pre-School through 12th Grade institution. The school is funded through tuition, scholarships, donations and minimal district funding. Our goal is to offer the love of learning in an environment that supports students no matter their socio-economic background. We do our best to stand behind the belief that no student, who desires an education, should be turned away because of the finances of their family. This is a lofty, yet attainable goal when we partner with others. Over the years we have offered education, love and support to students from the homes of upper middleclass politicians to children who were homeless and food insecure. Bringing these different people together, under love and with the goal of their future has partnered not only the kids, but our communities. Our students HAVE walked hand-in-hand with people of all races, religions, genders, sexual orientations and socio-economic backgrounds. They are living partnership out loud!

I recommend this applicant (check one)

- ☐ Enthusiastically and without hesitation
☐ Highly recommend
☐ Recommend
☐ Recommend with some hesitation
☐ Cannot recommend at this time

Additional comments:

Guidance Counselor _____ Phone () _____ - _____ ext. _____

Email Address _____

Signature _____ Date ____/____/____

Guidance Counselor Checklist

Signatures: ____ Applicant ____ Parent/Guardian ____ Guidance Counselor

Guidance Counselor: ____ Evaluation ____ Recommendation

Records: ____ Previous Grade Academic Report	____ Current Grade Academic Report
____ Previous Grade Attendance Report	____ Current Grade Attendance Report
____ Previous Grade Discipline Report	____ Current Grade Discipline Report
____ Accommodations Summary (if applicable)	____ Supplementary Materials (if applicable)

For NCA Office Use Only

Interviewed by: _____ Date: ____/____/____
 Placement Test Completed ____ Yes (Date ____/____/____) ____ No (Scheduled ____/____/____)
 Application Complete ____ Yes ____ No Recommendation Forms Received ____ Yes ____ No
 Application Fee \$200 ____ Cash ____ Check ____ Credit Card ____ STAR Kids Waiver



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To be completed by Recommender

Recommendation Form (Applicant Name: _____)

Recommender's Name _____ Phone () _____ - _____ ext. _____

Email address _____

Relationship to Applicant _____ How long have you known the applicant _____

Please share what you know about the applicant's strengths, challenges, contributions to the community and any additional information that will help us to better know this applicant.

Please share interactions, exchanges or observations that speak to this applicant's character.

Thank you for taking time to complete this recommendation form.

Would you be willing to be contacted via phone or email regarding your recommendation of this applicant?

____ Yes (email)

____ Yes (phone)

____ I prefer to have this form stand as my final recommendation

Recommender Signature: _____ Date: ____/____/____

Please return this form and any supporting materials to Nazarene Christian Academy via email, fax or post mail.

Nazarene Christian Academy
Attn: Admissions
764 Hathaway Rd
New Bedford, MA 02740

Fax (774) 328-9513
Email guidance@ncacademy.org



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