

# Application for Admission



***Stimulating in students a passion for excellence  
in learning, service, and worship.***

## **Mission Statement**

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Northumberland Christian School was founded in 1972 to provide a genuine alternative for parents who are concerned that their children receive a quality education based upon the principles of the Word of God. We seek to stimulate in students a passion for excellence in learning, service, and worship.

## **Non-discriminatory Statement**

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\*Racial information is requested only to enable us to complete government forms required of us.

Northumberland Christian School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in the administration of its educational policies, admissions policies, scholarship programs, and athletic and other school-administered programs.

## **Admission Procedure**

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Admission is based on a combination of several factors: availability of space, application date, interview, and evaluation of prior school records. Students who are admitted to NCS must abide by all policies outlined in the NCS Handbook.

**A completed application submitted to the school office initiates the admission process.**

- ◆ Please send this completed application booklet along with any other documents in the large envelope provided.
- ◆ Upon receipt of completed application materials, NCS will contact you to schedule an interview and/or testing dates.
- ◆ NCS will inform you of final acceptance once all steps have been completed.
- ◆ Your student's name will be submitted to the school district in which you reside, but you will need to contact your district transportation office for bussing needs. There is contact information in the NCS information packet. If you have not received an information packet, please contact the school office to request one.

# Family Profile

Please print using black ink.

Date \_\_\_\_\_

**FATHER/Guardian**

Name \_\_\_\_\_  Mr.  Dr.  Rev.  Other: \_\_\_\_\_

Home address \_\_\_\_\_

Home telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Cell phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Marital status  Married  Widowed  Separated  Divorced  Remarried  Single

If remarried, spouse's name \_\_\_\_\_

Church you attend \_\_\_\_\_ Are you a member?  Yes  No

Church address \_\_\_\_\_

Church telephone \_\_\_\_\_ Pastor \_\_\_\_\_

Employer's name/company \_\_\_\_\_  Self-employed

**MOTHER/Guardian**

Name \_\_\_\_\_  Mrs.  Ms.  Dr.  Other: \_\_\_\_\_

Home address \_\_\_\_\_

Home telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Cell phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Marital status  Married  Widowed  Separated  Divorced  Remarried  Single

If remarried, spouse's name \_\_\_\_\_

Church you attend \_\_\_\_\_ Are you a member?  Yes  No

Church address \_\_\_\_\_

Church telephone \_\_\_\_\_ Pastor \_\_\_\_\_

Employer's name/company \_\_\_\_\_  Self-employed

**GRANDPARENTS**

Grandparents often play a vital role in helping with a child's education. For activities such as Grandparents Day and other events at the school, we ask that you provide the following information on grandparents.

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Home address \_\_\_\_\_

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Home address \_\_\_\_\_

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Home address \_\_\_\_\_

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Home address \_\_\_\_\_

**CHILD**

Each applicant must have a form containing the **Student Profile**, **Scholastic Information**, and **Medical Information** filled out. There are extra copies of this form available upon request.

CUSTODY:  Both parents  Father  Mother  Other \_\_\_\_\_  
(relationship to student)

Who is responsible for tuition? \_\_\_\_\_

Should the non-custodial parent: Be listed in the school directory?  Yes  No

Receive school correspondence?  Yes  No

If yes to either of the above

Name \_\_\_\_\_

Address \_\_\_\_\_

What are the names and ages of the applicant's siblings?

Name \_\_\_\_\_ age \_\_\_\_\_

Name \_\_\_\_\_ age \_\_\_\_\_

Name \_\_\_\_\_ age \_\_\_\_\_

Please list additional siblings on a separate sheet of paper and attach it to this form.

Are you applying for admission of all school-age children?  Yes  No

If "no," please state reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you want your child(ren) to attend Northumberland Christian School?

\_\_\_\_\_  
\_\_\_\_\_

How did you hear about NCS?

\_\_\_\_\_

## Statement of Parent or Guardian

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### In signing this application:

"I give permission for my child to take part in all school activities, including sports and school-sponsored trips away from the school premises, and absolve the school from liability to me or my child because of any injury to my child at school or during any school activity.

"I agree to uphold and support the high academic standard of the school by providing a place at home for my child to study and giving my child encouragement in the completion of any homework or assignments.

"I appreciate the standards of the school and do not tolerate profanity, obscenity in word or action, dishonor to God and the Word of God, or disrespect to the personnel of the school. I hereby agree to support all regulations of the school on the applicant's behalf and authorize this school to employ such discipline as it deems wise and expedient for the training of my child.

"I understand that the school reserves the right to dismiss any child who fails to comply with the established regulations and discipline or whose financial obligation remains unpaid.

"I have read the informational materials furnished and agree to insist that my child submit to the program, academic and disciplinary regulations, and all the other requirements instituted by the Administration and carried out by the Principal and Faculty.

"I give permission for any photographs taken of my child to be used in school publications, promotional materials, and advertisements."

### Signed:

Father \_\_\_\_\_ Mother \_\_\_\_\_

Guardian \_\_\_\_\_ Guardian \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

**Each applicant must have a form containing the Student Profile, Scholastic Information, and Medical Information filled out. There are extra copies of this form available upon request.**

# Student Profile

To be completed by parent/guardian of applicant.

Date \_\_\_\_\_

Full legal name of child \_\_\_\_\_

Age \_\_\_\_\_

Name they go by \_\_\_\_\_

Male  Female

Home address \_\_\_\_\_

Home telephone \_\_\_\_\_ School district in which child resides \_\_\_\_\_

Birth date \_\_\_\_\_ The child is  Biological  Adopted  Foster  Stepchild

The child resides with  Mother  Father  Other \_\_\_\_\_ (check all that apply)

Race \*(see statement inside front cover)  Caucasian  African-American  Hispanic  Asian  Other \_\_\_\_\_

## FOR PRESCHOOL REGISTRATION, SKIP TO THE BOTTOM OF THE PAGE

Grade applying for \_\_\_\_\_ School year to enter NCS \_\_\_\_\_

Has your child repeated a grade?  Yes  No

Has your child been in gifted or accelerated classes?  Yes  No

Is there an Individualized Education Plan (IEP) in your child's records?  Yes  No If "yes", please enclose a copy.

If any answer above is "yes," please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current school \_\_\_\_\_ Grade(s) \_\_\_\_\_ Year(s) \_\_\_\_\_

Complete address \_\_\_\_\_

Previous school \_\_\_\_\_ Grade(s) \_\_\_\_\_ Year(s) \_\_\_\_\_

Complete address \_\_\_\_\_

## FOR PRESCHOOL REGISTRATION ONLY

Please indicate the days of the week you are interested in and whether you would prefer the morning or afternoon session

There is a two day minimum for preschool.

Monday  Tuesday  Wednesday  Thursday  Friday  AM  PM

## Scholastic Information

To be completed by parent/guardian of applicant.

Academic level of student's previous work:     Excellent     Good     Average     Poor

Has the student ever been expelled, dismissed, suspended, or refused admission to another school?     Yes     No

Has the student ever been in trouble with the law, arrested, etc?     Yes     No

Has the student ever used tobacco, drugs, or alcoholic beverages?     Yes     No

If yes to any of the above questions, please explain:

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## Medical Information

To be completed by parent/guardian of applicant.

Family physician \_\_\_\_\_ Phone \_\_\_\_\_

List any special medical conditions, allergies, or medications taken on a regular basis.

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In case of emergency, who should be contacted if you cannot be reached?

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

(Example: babysitter, aunt, friend of family, etc.)

Address \_\_\_\_\_ Home phone \_\_\_\_\_ Cell \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Home phone \_\_\_\_\_ Cell \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Home phone \_\_\_\_\_ Cell \_\_\_\_\_

Check hospital preference for emergencies.

Geisinger Medical Center

Sunbury Community Hospital

Evangelical Hospital





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[www.norrychristian.net](http://www.norrychristian.net)