

PLEASE
ATTACH
RECENT PHOTO



New Covenant Academy

310 Extension Street
Mansfield, Pennsylvania 16933
tel. 570.662.2996; fax 570.662.0272
email: info@ncalions.org
Kjell Fenn, *Headmaster* ♦ Martin Douglass, *Assistant Headmaster*

Date of Application _____
Application Fee _____
Interview _____
Locker # _____
Student ID # _____
Welcome Packet Sent _____

MIDDLE / HIGH SCHOOL APPLICATION FOR ENROLLMENT SCHOOL Year 2020 - 2021 Applying for Grade _____

Student's Legal Name _____
first middle last (name student uses) student email

Physical Address _____
street city state zip code

Phone (_____) _____ Sex _____ Date of Birth _____ Social Security _____

Current School _____ Phone # (_____) _____

Address _____
street city state zip code

Previous School _____
name street city state zip code

Previous School _____
name street city state zip code

How did you hear about us? Friend Newspaper Sign Radio Other: _____

Did a family from this school refer you to us? Yes If so, who? _____

FATHER / STEP-FATHER / GUARDIAN (please circle)

Name _____ Email _____ Living with student? ____

Occupation _____ Employer _____

Business Phone (_____) _____ Cell Phone (_____) _____

MOTHER / STEP-MOTHER / GUARDIAN (please circle)

Name _____ Email _____ Living with student? ____

Occupation _____ Employer _____

Business Phone (_____) _____ Cell Phone (_____) _____

Why do you want to enroll this student at New Covenant Academy?

SCHOOL

Has the student ever had any diagnosed/documentated learning difficulties? Yes ___ No ___

If yes, please comment on the diagnosis, date of documentation, treatment and current status (and provide documentation with this application).

Are any financial or other obligations still owed to current or previous school(s)? Yes ___ No ___
If yes, please explain.

Does the student need any special consideration for a physical disability? Yes ___ No ___
If yes, please explain.

Has the student ever been refused admittance, asked to withdraw, or expelled from a school? Yes ___ No ___
If yes, please explain.

Is the student presently in good standing (eligible for immediate re-admission) with the school last attended?
Yes ___ No ___

If no, please explain.

Do you agree as parent(s) to support ALL of the policies and standards of New Covenant Academy as long as your student is enrolled here? Yes ___ No ___

CHRISTIAN BACKGROUND (Please answer all questions)

Bible Do you believe the Bible to be the ONLY inspired and infallible Word of God, our final authority in all matters of faith, truth and conduct?

Yes___ No___ Signature of Father _____

Yes___ No___ Signature of Mother _____

Statement of Faith Please carefully read our Statement of Faith (online) and indicate below your degree of support.

I fully support the Statement of Faith as written without reservation.

Yes___ No___ Signature of Father _____

Yes___ No___ Signature of Mother _____

If no for either parent, please explain on a separate sheet of paper.

Church Name of the church you attend _____ City _____

Name of Pastor _____ Church Phone (____) _____

Are you presently a member in good standing and regularly attending a local church?

Father - ___ Yes, for ___ years _____ No

Mother - ___ Yes, for ___ years _____ No

Student - ___ Yes, for ___ years _____ No

FAMILY

Describe the applicant's creative activities (musical, artistic, literary, etc.).

Is there anything else you'd like to tell us about your student?

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Pastor's Reference Form
For Application to New Covenant Academy

Parent's Name _____

Applicant's Name _____

The above named family and student have applied for entrance to New Covenant Academy. We would appreciate your confidential comments on the applicant's maturity, stability, temperament, and Christian character.

Please keep in mind that the mission of New Covenant Academy is to teach and train Christian students for maturity in the Lord. We have not been established to convert students to Christianity or to act as a reform school for the backslidden or spiritually rebellious student. Also, every child attending NCA will affect their classmates and others. We do recognize that some younger elementary students are still under the covering of their parents and may not have made a personal decision for Christ at the time of application.

Since it is impossible for us to determine the spiritual motivation and character of a family or student in a short interview, we must rely heavily upon your recommendation. Please complete this evaluation for the family and the student named and return to us as soon as possible. We cannot process this student's application until your evaluation is received.

If you have not known this family or student long enough to make a fair evaluation, please pass this form on to a Christian leader who knows them well.

Thank you for your help, and may God bless you richly.

RETURN TO: NEW COVENANT ACADEMY
310 Extension Street
Mansfield, PA 16933

1. Do you believe the applicant and family to be committed Christians? Yes___ No___

2. How long have you been acquainted? _____

3. In what ways is the applicant and the applicant's family involved in local ministry?

7. To the best of your knowledge, does he/she use drugs, alcohol, or tobacco in any form? Yes___ No___

8. Would you recommend him/her, without reservation, for admittance to NCA? Yes___ No___

Additional comments regarding family:

Please check the following:	Excellent	Good	Fair	Poor
1. Spiritual depth and maturity				
2. Dedication to Christ				
3. Christian standards				
4. Ability to get along with others				
5. Follows instructions				
6. Cooperation				
7. Teachability				
8. General attitude				
9. Disposition				
10. General appearance				
11. Faithfulness to church				
12. Faithfulness to youth activities				

In your opinion, would the applicant be a(n) *excellent good fair poor* addition to NCA?
 Please explain:

Please add any information that would better enable us to evaluate this student:

Please contact me about this applicant.

Church and Biographical Information

Name _____ How long have you been pastor of this church? _____

Church Name _____ Phone (____) _____

Address _____
street city state zip code

Website _____ Email _____

 Signature

 Date



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Authorization For Release Of Records

School Name: _____

School Address: _____
Street City State Zip

School Telephone # (_____) _____ Fax # (_____) _____

The following student is applying to New Covenant Academy. Please send ALL of the following records:

_____ All Academic Records / Transcript

_____ Explanation of Grading System / School Profile

_____ **All Discipline Information**

_____ **Discipline Records are attached**

_____ **There are no Discipline Records on file for this student** _____

(Counselor signature)

_____ Evaluative Records (Achievement testing, Psychological or other learning disability test results)

_____ Attendance Records

_____ Immunization / Health Records

Student's Name: _____

Student's Address: _____

Student's Birth Date: _____ Social Security #: _____

I hereby authorize the release of ALL requested records to New Covenant Academy.

Signature of Parent/Legal Guardian
(FERPA Act CFR 99.31, Parental signature not needed)

Date

Please fax and mail copies of all requested records to:

School Office
New Covenant Academy
310 Extension Street
Mansfield, PA 16933
Phone – 570-662-2996
Fax – 570-662-0272

Thank you for your cooperation in this matter.