

# NORLINA CHRISTIAN SCHOOL



P.O Box 757  
 NORLINA, NC 27563  
 (252) 456 3385  
 FAX (252) 456 3354  
 ncsoffice@ncol.net

www.norlinachristianschool.org

## STUDENT APPLICATION

### GENERAL INFORMATION

**Applicant's Name:** \_\_\_\_\_  
LAST FIRST MIDDLE

**Home Address:** \_\_\_\_\_  
STREET APARTMENT

\_\_\_\_\_  
CITY STATE ZIP

**Phone:** (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_  
HOME BUSINESS

\_\_\_\_\_  
DATE OF BIRTH SOCIAL SECURITY #  Male  Female

**Applicant's parent(s):**  Married  Separated  Divorced  Deceased

If divorced, which spouse holds legal responsibility for school decisions and bill? \_\_\_\_\_  
 (Please submit copies of all court documents regarding custody and educational decisions for the applicant.)

### UPDATED EMERGENCY INFORMATION

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Student's Physician: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

### FAMILY/GUARDIAN INFORMATION

Father's Name: _____ Social Security: _____ Address: _____ _____ City: _____ State: _____ Zip: _____ Employer: _____ Work Phone: _____ Cell: _____ Work Email: _____	Mother's Name: _____ Social Security: _____ Address: _____ _____ City: _____ State: _____ Zip: _____ Employer: _____ Work Phone: _____ Cell: _____ Work Email: _____
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**PAYMENT PLAN:** \_\_\_\_\_ Full Payment (5% discount if paid by June 5<sup>th</sup>) \_\_\_\_\_ 10 Month (Begins Aug 5<sup>th</sup> through May 5<sup>th</sup>)

Church You Attend? \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

Member  YES  NO Since when? \_\_\_\_\_ How often do you attend? \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Rarely \_\_\_\_\_

We first learned of NCS through (check only one):  
 Church  Internet  Telephone Book  Catalog on Private Schools  
 Newspaper/Magazine  Private School Fair  Realtor  Other \_\_\_\_\_





## CONFIDENTIAL STUDENT EVALUATION KINDERGARTEN

To the Pre-School Teacher,

The student named below is a candidate for admission to NCS. We would appreciate your completing this form and returning it within one week to: NCS Admissions Office, P.O. Box 757, Norlina, NC 27563 or Fax to (252) 456-3354.

Name of applicant \_\_\_\_\_

	Exceptional	Above Average	Average	Fair	Poor
<b>Academic Development</b>					
Follows simple directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works well independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Puts effort and neatness into work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is developing good listening skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Articulates sounds correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognizes color, letters and numbers appropriate for age level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writes first name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses time wisely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows interest in books and stories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicates with teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicates with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Social &amp; Emotional Development</b>					
Assists in clean-up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is cooperative as a member of a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participates willingly in activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds favorably to correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is dependable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts changes and disappointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respects authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrains from hitting, kicking, biting, etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Physical Development</b>					
Age appropriate fine motor coordination (coloring, cutting, painting, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age appropriate gross motor coordination (walking, running, painting, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>General Behavioral Characteristics</b>					
	<b>Usually</b>		<b>Sometimes</b>		<b>Hardly ever</b>
Sustains attention for appropriate amount of time	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Can move on to new activities and stop old ones	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Appears mature for age	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Exhibits overly active/restless behavior	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Is lethargic or withdrawn	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Is forgetful	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Has handicaps or problems that may require special services	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Expresses anger in outbursts	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>



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Does this applicant take care of toileting needs independently?  Yes  No

Has this applicant been asked to leave a preschool?  Yes  No

What do you feel is the greatest strength of this applicant? What do you feel is the greatest weakness of this applicant? \_\_\_\_\_

Would you recommend this applicant for admission to Kindergarten?

\_\_\_\_ Strongly Recommend    \_\_\_\_ Recommend    \_\_\_\_ Recommend with reservation    \_\_\_\_ Do not recommend for admission

**Additional comments:** Please feel free to provide any information you feel will guide us. Thank you for your time and cooperation.

Name of Teacher \_\_\_\_\_ Date \_\_\_\_\_

Position \_\_\_\_\_

Name of School \_\_\_\_\_

Address of School \_\_\_\_\_  
STREET CITY STATE ZIP

I/We hereby authorize release of requested information to complete the admission process at NCS. I/We understand this becomes part of my student's application file.

Signature of parent/guardian \_\_\_\_\_

Date \_\_\_\_\_

Please return within one week to: NCS Admissions Office, P.O. Box 757, Norlina, NC 27563 or Fax to (252) 456-3354



**KINDERGARTEN  
STUDENT MEDICAL FORM**

Name of Student \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

Address \_\_\_\_\_  
STREET CITY STATE ZIP

**A. Medical History: (To be completed by the parent)**

1. Is your child allergic to anything?  YES  NO. If yes, what? \_\_\_\_\_
2. Is your child under a doctor's care?  YES  NO. If yes, why \_\_\_\_\_
3. Any previous hospitalizations or operation?  YES  NO. If yes, what? \_\_\_\_\_
4. Is your child on any continuous medication?  YES  NO. If yes, what? \_\_\_\_\_
5. Any history of diseases or recurrent illness?  YES  NO. If yes, what are they (diabetes, convulsions, heart trouble, etc.)? \_\_\_\_\_
6. Does your child have any physical disabilities?  YES  NO. If yes, please describe: \_\_\_\_\_
7. Does your child any mental disabilities?  YES  NO. If yes, please describe: \_\_\_\_\_

**B. Physical Examination: (To be completed by a licensed physician, a certified nurse practitioner, or a public health nurse)**

Height \_\_\_\_\_%      Weight \_\_\_\_\_%      Head \_\_\_\_\_      Eyes \_\_\_\_\_      Ears \_\_\_\_\_      Nose \_\_\_\_\_  
 Teeth \_\_\_\_\_      Throat \_\_\_\_\_      Neck \_\_\_\_\_      Heart \_\_\_\_\_      Chest \_\_\_\_\_      Abd/GU \_\_\_\_\_  
 Ext \_\_\_\_\_      Skin \_\_\_\_\_      Neurological System \_\_\_\_\_

Should activities be limited?  YES  NO If yes, explain: \_\_\_\_\_

Results of Tuberculin Test, if given: Type \_\_\_\_\_ Date \_\_\_\_\_ Normal \_\_\_\_\_ Abnormal \_\_\_\_\_

Any other recommendation? \_\_\_\_\_

Examiners signature/title \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

**C. Immunization Record: The health official must enter the date immunizations was received in the space below or attach a copy of the immunization record.**

Type of Vaccine	# 1	# 2	# 3	# 4	# 5
*DPT or DT (circle one)					
*Polio					
**Hib					
*MMR (combined doses)					
***Measles (two doses)					
Mumps (single dose)					
Rubella (single dose)					
***Hep. B (three doses)					
Varicella					
Other					

Required by State Law. \*\* Required by State Law if born on or after 10/1/91. \*\*\* Required by State Law if born on or after 7/1/94



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## CONFIDENTIAL PASTOR REFERENCE FORM

### To the Pastor:

The student name below is a candidate for admission to NCS. We would appreciate your completing this form and returning it within one week to: NCS Admissions Office, P.O. Box 757, Norlina, NC 27563 or Fax to (252) 456-3354

Name of Applicant \_\_\_\_\_ Candidate for grade \_\_\_\_\_

To be completed by any full-time Pastor on Staff:

1. On a scale of 1 – 10 (10 being the highest), how well do you know the family? \_\_\_\_\_
2. Are you currently their pastor or associate pastor? \_\_\_\_\_
3. How would you evaluate the parents in the following areas:
  - a. Their church relationship, attendance, and loyalty \_\_\_\_\_
  - b. Their personal relationship to Jesus Christ \_\_\_\_\_
  - c. Their interest in having their child know and walk with the Lord \_\_\_\_\_
  - d. Do they command respect and obedience from their family? \_\_\_\_\_
4. To your knowledge, has this applicant accepted Jesus Christ as Savior? \_\_\_\_\_
5. How do the parents support their children's spiritual development? \_\_\_\_\_
6. What level of involvement does the applicant(s) have in your church? \_\_\_\_\_
7. What are the first words that come to mind to describe this applicant? \_\_\_\_\_

I recommend this student: \_\_\_ enthusiastically \_\_\_ strongly \_\_\_ fairly strongly \_\_\_ with reservation

Pastor or Associate Pastor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Position \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Church \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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## Norlina Christian School Annual Statement of Cooperation

I sincerely pledge my loyalty to the aims and policies of NCS as detailed in the Parent/Student Handbook. I agree to bring all questions and concerns directly to the teacher or administration so that they may be properly considered by those in authority. In cooperation with the spirit of the school, I will try to attend the Parent/Teacher Fellowship meetings.

I understand that tuition is an annual charge that may be paid on at an agreed-upon equal payment plan. Report cards may be held if the account becomes delinquent during any grading period unless satisfactory arrangements have been made with the school. All accounts are delinquent over thirty (30) days. Students may be suspended from attending class if the account continues to be delinquent and arrangements have not been made with the school. All monthly payments are first applied to unpaid tuition, then book fees, re-enrollment fees, etc. No refunds will be made for book fees, lab fees, or tuition.

Because fees and tuition do not cover the actual cost of educating a student, I realize that my participation is also needed in prayer, services, and gifts to properly share in my child's training.

I understand that NCS reserves the right to dismiss any student if the student or parents do not fully cooperate with the educational process at NCS. I agree to fully support the disciplinary process of NCS, including but not limited to additional assignments, after school detention time, mandatory parent conferences, and suspensions, as may be required. I understand and agree that, upon the recommendation of administration and approval by the NCS Board, a student may be permanently expelled from NCS with or without cause.

I understand that all students are accepted on a six-week trial basis.

I give permission for my child to take part in all school activities, including sports and school-sponsored trips during the normal school day. I absolve the school from any liability resulting from injury to my child. In the event of accident or serious illness, I understand that the school will try to contact me. If the school is unable to contact me, I authorize the school to make the necessary arrangements for treatment of my child.

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Student's Name (student's signature required for grades 6-12)

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Date

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Student's Name (student's signature required for grades 6-12)

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Date

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Student's Name (student's signature required for grades 6-12)

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Date

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Student's Name (student's signature required for grades 6-12)

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Date

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Father/Guardian's Signature

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Date

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Mother/Guardian's Signature

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Date



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## LETTER OF INTENT 2009-2010

All families are required to sign a letter of intent after reviewing the attached Tuition and Fees Information for 2009-2010.

By signing the letter of intent I agree to enroll my student listed below in the new Tuition & Fees Plan 2009-2010.

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

\_\_\_\_\_  
Father/Guardian's Name

\_\_\_\_\_  
Father/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother/Guardian's Name

\_\_\_\_\_  
Mother/Guardian's Signature

\_\_\_\_\_  
Date

*Norlina Christian School admits students of any race, color, national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. The school does not discriminate on the basis of race, color, national or ethnic origin in administration of its education, admission policies, tuition, assistance, athletic and other school-administered programs.*



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**Fees for Kindergarten (K-4)**  
2009-2010

**Registration for K-4**.....\$ 235.00

**Tuition Payment Plans**

Plan # 1 – Full Payment with a 5% discount (to be received by June 5th 2009) ..... \$ 3270  
Plan # 2 – Ten Month Payment Plan (begins August 5th through May 5th) .....\$ 3450  
Monthly tuition .....\$ 345

\*\* All NCS Staff and Pastor’s family receive a 25% discount.

**STUDENT RESOURCE FEE:**

This Fee covers books, classroom teaching supplements, and student insurance per student (Due by June 5<sup>th</sup>).....\$ 235

**CAPITAL IMPROVEMENT FEE:**

This Fee covers the acquisition, upgrade and maintenance of our facilities (Due by July 5<sup>th</sup>)..... \$ 175  
This fee is per family.

**MULTIPLE STUDENT DISCOUNT:**

One child... Full Tuition      Two Children.....Full Tuition      Three Children.....½ Tuition on Youngest Child  
Four Children.....¼ Tuition on Youngest Child      Five Children..... NO Tuition on Youngest Child

**AFTER SCHOOL:**

Fees per week.....\$ 35 per student      Fees per day..... \$ 10 per student Drop ins .....\$ 15 per day