

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 5th) _____ 10 Month (Begins Aug 5th through May 5th)

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 _____



MISSION STATEMENT

Our purpose is to provide a first class learning environment that is marked by academic excellence, athletic programs, extracurricular activities, and a strong commitment to Biblical teaching.

Do you understand and agree with the above mission YES NO
Will one parent attend the Parent Teacher Fellowship YES NO

Parent Questionnaire & Commitment:

The two factors most influencing us to apply to NCS are (please select one):

- Christian Philosophy Academic Reputation Displeasure with Local Schools Desire to attend a Private School
- Location Strength of Extracurricular Programs Recommendations from NCS Families

Name of Other School(s) applicant has attended:

NAME OF SCHOOL LOCATION GRADE(S) DATE

NAME OF SCHOOL LOCATION GRADE(S) DATE

Has the applicant ever repeated a grade? YES NO. Which grade? _____ Please explain _____

Has the applicant had disciplinary difficulty in his/her previous school? YES NO. Please explain _____

Has the applicant ever been suspended or dismissed from school? YES NO. Please explain. _____

Is the applicant a ward of the court? _____ has been under the jurisdiction of the court? _____

Has the applicant committed a felony? _____

Has the applicant received special help for reading or learning difficulty? YES NO

Has the applicant ever been diagnosed with ADD or ADHD? YES NO

Is the applicant presently taking any medication? YES NO If yes, what? _____

Describe any illness, diseases or physical disabilities that either have affected or may affect your child's general health, schoolwork or participation in the school's athletic programs. Are there currently any behavioral, psychological or educational evaluation, treatments or interventions? _____

Does the applicant have normal or corrected vision? _____

Does the applicant have normal hearing? _____

Include your child's strengths and abilities, special interests, areas of concern. _____

Applicant's relationship with God. _____

We certify that the above answers are true and are made with no reservation:

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____



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
Academic Development					
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"/>
Social & Emotional Development					
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"/>
Physical Development					
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"/>
General Behavioral Characteristics					
	Usually		Sometimes		Hardly ever
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"/>



**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



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 _____



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.

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

Date

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

Date

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

Date

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

Date

Father/Guardian's Signature

Date

Mother/Guardian's Signature

Date



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.



TUITION AND FEES INFORMATION 2009-2010

REGISTRATION:

Pre-Registration fee per Student in grades K5-12 before January 30th 2009\$ 235
 Registration Fee per Student after January 30th 2009\$ 350

TUITION PAYMENT PLAN:

Plan # 1 – Full Payment with a 5% discount (to be received by June 5th 2009) \$ 3510
 Plan # 2 – Ten Month Payment Plan (begins August 5th through May 5th)\$ 3700
 Monthly tuition\$ 370

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

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

STUDENT RESOURCE FEE:

This Fee covers books, classroom teaching supplements, and student insurance per student (Due by June 5th).....\$ 345

CAPITAL IMPROVEMENT FEE:

This Fee covers the acquisition, upgrade and maintenance of our facilities (Due by July 5th)..... \$ 350
 This fee is per family.

BUS SERVICE:

Henderson Bus Fee per student \$ 70 per month
 South Hill Bus Fee per student \$ 80 per month

AFTER SCHOOL:

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

CLASS DUES:

Freshman \$ 10
 Sophomore\$ 15
 Junior\$ 20
 Senior\$ 25

ATHLETIC FEES:

This Fee is applied to all athletes and assessed for each sport \$ 50

TESTING FEES:

PSAT\$ 16

LEARNING CENTER FEES

Pace Fee Each.....\$ 6.50
 Challenge Pace Fee Each\$ 5.50
 Repeat Pace Fee Each\$ 7.00

LATE FEES & Miscellaneous:

A late fee of \$ 35 is assessed each month if resource fees, capital fees, tuition, after school and other fees are not paid by the 16th of each month. A RETURN CHECK will result in a \$ 35 charge to the account. REGISTERED LETTER FEE is \$ 5.50.