

NEWTON BIBLE CHRISTIAN SCHOOL APPLICATION FOR STUDENT ADMISSION

(one application needed per student)

Note: a non-refundable **application fee of \$100** is required with your application in order to be processed. **Incomplete applications will not be processed.**

STUDENT INFORMATION

Student's Full Lega	l Name					Date
8	Last	first		middle		
Home Address	Number and Street			C		ar. c. l
	Number and Street	Ci	ty	State		Zip Code
Preferred Name		Sex Date of Birth		Social S	Security Nu	mber:
Age in Years	Present Class	Applying for Class	If Kinder	garten, would you like t	he Full or H	Half Day Program?
FAMILY INF	ORMATION					
	<u>Father</u>				Mother	
Dr Rev	Mr		Dr	Mrs Ms	_	
Name			Name _			
Home Address			Home A	Address		
Email Address			Email A	.ddress		
Telephone ()		Telepho	one ()		
Cell Phone ()		Cell Pho	one ()		
Occupation			Occupa	tion		
Business Name _			Business	s Name		
Position/Title			Position	/Title		
Business Address			Business	s Address		
Business Telepho	ne ()		Business	s Telephone ()		
Check if appropri	ate:		Student	Applicant lives with:		
□ Parents	обрагасса	r deceased		Mother and Father	\Box L	egal Guardian
	, di vorced	er remarried		Mother		tepmother
☐ Mother	deceased \square Fathe	r remarried		Father		tepfather
*If parents are divo	orced or separated, to whom s	hould admission corresponde	ence be sent	3		
Stepparent's Name			Steppare	ent's Name		

*Note: Unless you indicate otherwise, your home address; home, work and cell phones; and emails will be included in next year's school directory. Please note any exceptions.

Home Address ___

NEWTON BIBLE CHRISTIAN SCHOOL FAMILY INFORMATION (page 2)

SCHOOL INFORMATION

Present School		Grades Attended	
Address	City	State Zip Cod	le
Head of School			
Please list other schools attended by the student (including pre-sc	hools if applying to Kir	indergarten or 1st grade):	
School		Grades Attended	
Address			
School		Grades Attended	
Address			
School		Grades Attended	
Address			
Has your child ever skipped a grade? ☐ Yes	□ No If yes, w	what grade?	
Has your child ever repeated a grade? ☐ Yes	□ No If yes, w	what grade?	
Has your child ever received special tutoring or had an IEP?	Yes □ No	If yes, please indicate the grades(s), subjects(s), and	l circumstances:
Has your child ever received special counseling or therapy?	Yes □ No	If yes, please indicate the circumstances:	
Does your child have any record of disciplinary problems?	res □ No	If yes, please explain:	
Has your child ever been dismissed or suspended from any schoo	ol? □ Yes	☐ No If yes, describe briefly the nature	e of the situation:
, and the state of	- 50	,, 2, 	

Describe special circumstances which might affect this student's performance in school. (Examples might be illness, physical handicaps, learning difficulties, changes of homes or schools.)

NEWTON BIBLE CHRISTIAN SCHOOL PARENT QUESTIONNAIRE (page 3)

CHURCH AFFILIATION	<u>Church</u>	Member (yes/no)	
Father			
Mother			
Student Applicant			
Please list names of other children in family.			
Name	Age	School	
How did you hear about us?			
What initiated your search for a new school for yo	our child?		
Comment on your child's greatest strengths and a	bilities.		
Comment on what you consider your child's grea	test area of need.		

NEWTON BIBLE CHRISTIAN SCHOOL PARENT QUESTIONNAIRE (page 4)

Student's Name				
	Last	first	middle	
Describe your child's relationship	p with his/her family.			
•	,			
Describe your child's relationship	p with his/her peers.			
W/I . 1 '1 12 ' 1 ' .				
what are your child's special inte	erests and extracurricular activities?			
Describe your child's relationship	p with God.			
	ı			
Describe your relationship with	God. *Both parents are required to answer	where applicable.		
Father:				
1'ainer;				
Mother:				
IV1011)er:				
Describe the ways in which you	desire to integrate your faith into your far	nily's life.		
Dogoribo vone over atations - 6-1	so school and how you are your for it-	nort of Novyton Pible Christian	Sahaal	
Describe your expectations of th	e school and how you see your family as	pari of inewton didle Unfistian	i School.	

NEWTON BIBLE CHRISTIAN SCHOOL MEDICAL QUESTIONNAIRE (page 5)

Student's Name			
Last	first	middle	
Does your child regularly require medication	n? □ Yes □ No	If yes, please explain:	
Does your child have any known allergies?	□ Yes □ No	If yes, please explain:	
Are your child's immunizations up to date?	□ Yes □ No	If no, please explain:	
Please provide two emergency contacts:			
Name:	Relationship:	Number:	
Name:			
Please provide Physician's name and contact	et information:		
Name:	Numbe	er:	
Please attach a copy of your child's immur		Check box when completed Check box when completed	
Please attach a <u>copy</u> of your child's birth certificate to this page.		Check box when completed	

NEWTON BIBLE CHRISTIAN SCHOOL PARENT QUESTIONNAIRE (page 6)

Student's Name			
	Last	first	middle
	NBCS. Our signat	tures below indicate that all the ir	this questionnaire may jeopardize information contained in this
Signature of Parent*			Date
Signature of Parent*			Date
*Both parent signatures are required.			
	We have rea	d NBCS's Statement of Faith and	l agree.*
	-	*Both parent initials are required.	
We understand that in or	der for this applic	cation to be considered, it must b application fee of \$100.*	e accompanied by the non-refundable
	-	*Both parent initials are required.	
	We hav	ve read NBCS's Family Handboo	k.*
	-	*Both parent initials are required.	
In signing this application, I under	rstand that and agree	:	
guidelines set forth in the famil 3. Administration will make the fa 4. The school reserves the right to	have full discretion in the plant decision in the plant of discipline or dismission that the plant of the pla	n the classroom discipline of my child. I lacing of my child in the proper grade. ss any student who does not respect the the first nine weeks of school and may a	Discipline will be administered within the school's spiritual or moral standards. All new at any time be disciplined, suspended, or
NBCS does not discriminate on admission policies, scholarships, a			in in administration of its educational policies,
Signature of Parent			Date
Signature of Parent			Date

The following pages contain the Student Recommendation Form .
This information should be provided by the applicant's primary classroom teacher. If home schooled, please choose a Sunday school teacher, extracurricular coach, or someone who has experience with the applicant in a formal, instructional setting.



NEWTON BIBLE CHRISTIAN SCHOOL STUDENT RECOMMENDATION

FOR THE PARENT: Please give this reference form to a past teacher, educator, or minister who has observed and is able to speak to your student's academic abilities and classroom demeanor. We ask that you have the educator filling out the form to return it <u>directly</u> to NBCS.

FOR THE RECOMMENDER: Please fill out reference form and return it directly to Newton Bible Christian School at 900 Old Main Newton, KS 67114. These recommendations will help us get a better picture of the student's abilities and help us gauge the likelihood of success for the student in our school. We ask that you be honest and deliberate in your answers. These forms will be kept private. Feel free to use another sheet of paper for the questions if you would like to elaborate. Thank you!

Student Name:		Incoming Grade:			
Recommender Name:	_ Date:				
Relationship to Student:					
	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
Newton Bible Christian School offers a rigorous and challenging academic curriculum. Do you agree this student would do well in such a setting?					
Newton Bible Christian School offers a small classroom setting for its students. Do you agree this student would do well in this classroom setting?					
Do you agree that this student behaves well and interacts well with other students?					
Do you agree that this student follows instructions and is respectful and obedient toward elders and teachers?					
What are the strengths of the student?					
What are the weaknesses of the student?					

Are you aware of any behavioral or learning issues that might hamper the student's success?
From a teacher's perspective, does the student receive proper academic and disciplinary support from his/her parents?
Describe how the applicant interacts with his/her peers within the school setting.
Overall, would you or would you not recommend this student for enrollment at NBCS?
What level of academic success would you anticipate for this applicant?
 □ Above average achievement □ Average achievement □ Below average achievement
Your Name:
May we contact you if we have further questions?
If yes, what is your preferred method of contact?

Please submit completed Recommendation Form via USPS or email:

Newton Bible Christian School 900 Old Main Newton, KS 67114 nbcs@newtonbible.org

Thank you for your assistance!