



# NEW BEGINNINGS CHRISTIAN ACADEMY

## Application for Admission

7020 Ramona Blvd  
Jacksonville, FL 32205  
Phone: (904)786-3178/ Fax: (904)786-3328  
website: [nbca.nbccjax.org](http://nbca.nbccjax.org)  
e-mail: [nbca@nbccjax.org](mailto:nbca@nbccjax.org)

### **For Office Use Only**

App Rcvd Date: \_\_\_\_\_

Campus /  Home Base

Start Date: \_\_\_\_\_

Florida Student #: \_\_\_\_\_ / NBCA Student #: \_\_\_\_\_

Self Pay: \_\_\_\_\_ Scholarship:  NBCC  CTC  McKAY

**Student Information:** ( We must have an individual application for each student enrolled at NBCA.)

Students Last Name: \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Preferred Nickname: \_\_\_\_\_ Social Security # (required) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Parent #1 Contact Phone:**(\_\_\_\_) \_\_\_\_\_ **Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Age:** \_\_\_\_

Is the student a U.S. Citizen?  No  Yes **Place of Birth:** \_\_\_\_\_

**Gender:**  Male  Female - **Ethnicity:**  Am. Indian  Asian  Black  Hispanic  White  Other \_\_\_\_\_

**Grade applying for (circle one):** K5 1 2 3 4 5 6 7 8 9 10 11

Please list the names and grades of any siblings who are or will be attending NBCA: \_\_\_\_\_  
\_\_\_\_\_

Who has legal custody of the student?  Both Parents  Father  Mother  Other: \_\_\_\_\_

With whom does the student live:  Both Parents  Father/Stepmother  Mother/Stepfather  Father only  
 Mother only  Other: \_\_\_\_\_

**Legal court documentation valid in Florida must be submitted with their paperwork if either parent is not allowed to see or pick up the student or release info to.**

**Student Medical Information:** (NOTE: This information is needed in the case of an emergency and 911 has to be called.)

Please list any and all Physical Limitations, Medications and/or Allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Child's Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Hospital:** \_\_\_\_\_

**Health Insurance Provider:** \_\_\_\_\_ **Policy:** \_\_\_\_\_

**Mother /Guardian Information:** (Enrolling Parent Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_)

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ M.I.: \_\_\_\_\_

Email address: \_\_\_\_\_ ( To better serve you with activity reminders)

Address same as students. If different from student's please provide address:

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

Home Phone: ( ) \_\_\_\_\_ Cell Phone:( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Spouse's name if other than student's mother: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone:( ) \_\_\_\_\_

Church you attend: \_\_\_\_\_  None Are you a member?  Yes  No

Are you a born-again Christian?  Yes  No

Are you interested in volunteering?  Yes  No

**Father /Guardian Information:** (Enrolling Parent Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_)

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ M.I.: \_\_\_\_\_

Email address: \_\_\_\_\_ ( To better serve you with activity reminders)

Address same as student's. If different from student's please provide address:

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

Home Phone: ( ) \_\_\_\_\_ Cell Phone:( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Spouse's name if other than student's mother: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone:( ) \_\_\_\_\_

Church you attend: \_\_\_\_\_  None Are you a member?  Yes  No

Are you a born-again Christian?  Yes  No

Are you interested in volunteering?  Yes  No

**Pick-up Information/Emergency Contact:**

Please list all or at least (2) adults (friends, relatives, or neighbors other than parent of student) with permission to remove your child from campus. Please check and provide a phone #, if they are an emergency contact also.

Name \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Emergency contact [ ] No [ ] Yes If Yes, provide phone # (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Emergency contact [ ] No [ ] Yes If Yes, provide phone # (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Emergency contact [ ] No [ ] Yes If Yes, provide phone # (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Emergency contact [ ] No [ ] Yes If Yes, provide phone # (\_\_\_\_) \_\_\_\_\_

**Student's School History:**

Last school attended: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Please explain reason for withdrawal from prior school: \_\_\_\_\_  
\_\_\_\_\_

Grade attended at prior school: K5 1 2 3 4 5 6 7 8 9 10 11

Why do you want your child to attend NBCA? \_\_\_\_\_  
\_\_\_\_\_

Has your student ever repeated a grade? [ ] No [ ] Yes **Skipped a grade?** [ ] No [ ] Yes **Home Schooled?** [ ] No [ ] Yes  
Please explain: \_\_\_\_\_  
(Please provide report card before second interview can be scheduled.)

Has student ever been expelled or suspended? [ ] No [ ] Yes, If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Has the student had any type of special testing (gifted, Learning disability, ADD, ADHD, Dyslexia, etc.)?  
[ ] No [ ] Yes If yes, please describe and include a copy of the latest evaluation report: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Please provide documentation at second interview.)

Does you have outstanding debts with other schools? [ ] No [ ] Yes, Where? \_\_\_\_\_

Do you have the McKay or Corporate Tax Credit scholarships to apply to your tuition? [ ] No [ ] Yes  
Please note: \_\_\_\_\_

## AGREEMENTS AND WAIVERS

Please read each of the following sections carefully before signing.

### Medical Treatment Release

In case of accident or serious injury, I request that the school contact me. **If the school is unable to reach me**, I hereby authorize the school to call the physician named in the students medical information of this application and to follow their instructions. **If it is impossible to contact the physician**, the school may make whatever arrangements necessary and I will not hold the school financially liable for my child's care.

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Parent/Guardian Signature

Date

### Statement of Cooperation

In making application for my child, it is my desire to have him/her complete this school year. I also 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 that lawsuits between Believers are prohibited by Scripture and agree to submit to binding arbitration any matters that cannot be otherwise resolved.

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Parent/Guardian Signature

Date

### Parent Orientation/Open House Agreement

I understand that it is **REQUIRED that at least one parent attend** the Parent Orientation at the beginning of each school year, Fall Open House, and Spring Open House.

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Parent/Guardian Signature

Date

### Dress Code Agreement

School Colors: Green-Black-Gold

NBCA uniforms are to be worn at all times while on campus. NBCA T-shirts will be worn only during P.E., specified days and occasions. **Please see the student handbook for further details on our school dress codes.**

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Parent/Guardian Signature

Date

### Cell Phone Agreement

It is the policy of New Beginnings Christian Academy that no student is allowed to use a cell phone during school hours. **Students MUST use the office phone ONLY to call their parent.** Any exception must get approval from administration.

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Parent/Guardian Signature

Date

*New Beginnings Christian School does not discriminate in student admissions on the basis of race, color, national or ethnic origin. As a private institution, the school reserves the privilege of setting and maintaining its own standards for student scholarship, conduct, dress and appearance and maintains the right to deny admission to any student who fails to meet the basic admission requirements.*