

**NEW CASTLE CHRISTIAN ACADEMY  
ENROLLMENT FORM**

NAME: FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_

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

HOME PHONE \_\_\_\_\_ CHILD'S SOCIAL SECURITY NO. \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ GRADE TO ENTER \_\_\_\_\_

SCHOOL DISTRICT: TOWNSHIP (SPECIFY) OR CITY \_\_\_\_\_ CHURCH \_\_\_\_\_

Email address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Cell \_\_\_\_\_ Father's Cell \_\_\_\_\_

Person(s) with whom child resides \_\_\_\_\_

Siblings – please list all – continue on reverse side, if needed:

Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Does your child currently receive remedial help? \_\_\_\_\_ In what area (s) \_\_\_\_\_

List special academic/physical needs: \_\_\_\_\_

Have previous financial obligations been met? \_\_\_\_\_ If no, explain \_\_\_\_\_

**On the reverse side, please list your reasons for choosing the NCCA. (new students only)**

**ENROLLMENT CONTRACT:** Please enroll my child in the New Castle Christian Academy for the current year. I understand the principles, guidelines, and financial policies of the school. I understand and will abide by all policies.

**PARENT'S (GUARDIAN'S) SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_**

**Please return this form to:**

**What method of transportation will be used for your child?**

New Castle Christian Academy

1701 Albert Street

New Castle, Pennsylvania

724 658-5858

SCHOOL BUS

CAR

WALK

to school

from school

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_