

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 _____

Mother's Name _____ Occupation _____ Work Phone _____

Mother's Email: _____

Father's Name _____ Occupation _____ Work Phone _____

Father's Email: _____

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
SCHOOL BUS	_____	_____
CAR	_____	_____
WALK	_____	_____