



Northern Dauphin Christian School Association

APPLICATION FOR ENROLLMENT

I. STUDENT INFORMATION

NAME: _____
FIRST MIDDLE LAST

STUDENT'S SOCIAL SECURITY NUMBER: _____ - _____ - _____ AGE: _____ SEX: _____

ADDRESS: _____

PHONE NUMBER: (_____) _____ - _____ BIRTHDATE: _____

SCHOOL DISTRICT WHERE STUDENT CURRENTLY RESIDES: _____

SCHOOL DISTRICT LAST ATTENDED: _____

SCHOOL ADDRESS: _____

SCHOOL PHONE NUMBER: (_____) _____ - _____ GRADE LEVEL: _____

IS THE STUDENT IN GOOD STANDING AND ELIGIBLE TO REMAIN OR RETURN TO HIS/HER PRESENT SCHOOL? _____ YES _____ NO

DO YOU DESIRE PUBLIC TRANSPORTATION? _____ YES _____ NO

II. FAMILY INFORMATION

FATHER OR MALE GUARDIAN'S NAME: _____

ADDRESS: _____

HOME PHONE NUMBER: _____ WORK PHONE NUMBER: _____

EMPLOYER: _____

EMPLOYER'S ADDRESS: _____

MOTHER OR FEMALE GUARDIAN'S NAME: _____

ADDRESS: _____

HOME PHONE NUMBER: _____ WORK PHONE NUMBER: _____

EMPLOYER: _____

EMPLOYER'S ADDRESS: _____

PARENT'S MARITAL STATUS: _____

IF SEPARATED OR DIVORCED, WITH WHOM DOES THE CHILD LIVE? _____

DO BOTH PARENTS AGREE TO SENDING THE CHILD TO N.D.C.S.? _____ YES _____ NO

III. RELIGIOUS INFORMATION

NAME OF THE CHURCH YOU ATTEND: _____

CHURCH ADDRESS: _____

PASTOR'S NAME: _____ PHONE NUMBER: (_____) _____ - _____

DENOMINATIONAL AFFILIATION: _____

IS THE FATHER OR MALE GUARDIAN A CHRISTIAN? _____ YES _____ NO

IS THE MOTHER OF FEMALE GUARDIAN A CHRISTIAN? _____ YES _____ NO

HAS THE APPLICANT EVER MADE A PROFESSION OF FAITH IN CHRIST? _____ YES _____ NO

IV. MEDICAL INFORMATION

FAMILY'S PRIMARY PHYSICIAN'S NAME: _____

PHYSICIAN'S ADDRESS: _____

PHONE NUMBER: (_____) _____ - _____ HEALTH INSURANCE POLICY #: _____

HEALTH INSURANCE PROVIDER FOR APPLICANT: _____

ARE THERE ANY SPECIAL HEALTH CONCERNS OF WHICH THE SCHOOL SHOULD BE MADE AWARE?
(REPLY WILL BE KEPT CONFIDENTIAL IF DESIRED)

LIST ANY ALLERGIES OR MEDICATIONS TAKEN ON A REGULAR BASIS: _____

HOSPITAL PREFERENCE FOR EMERGENCIES: _____

PERSON TO CONTACT IN CASE OF EMERGENCIES WHEN THE PARENT CAN NOT BE REACHED:

_____ PHONE NUMBER: (_____) _____ - _____

EMERGENCY CONTACT'S ADDRESS: _____

V. SCHOLASTIC INFORMATION

PLEASE CHECK ALL LINES BELOW THAT APPLY TO THE APPLICANT. GIVE FULL PARTICULARS TO EACH SITUATION ON THE BACK OF THIS APPLICATION. INCLUDE THE SCHOOL DISTRICT'S NAME, ADDRESS, PHONE NUMBER, AND EXPLANATION OF THE SITUATION WHERE NECESSARY.

HAS THE APPLICANT EVER:

_____ ATTENDED SUMMER SCHOOL PROGRAMS	_____ HAD A LEARNING HANDICAP
_____ HAD DISCIPLINARY PROBLEMS IN SCHOOL	_____ REPEATED A GRADE
_____ HAD EXTENDED ABSENCES FROM SCHOOL	_____ SKIPPED A GRADE
_____ BEEN EXPELLED OR DISMISSED FROM SCHOOL	_____ BEEN DISMISSED FROM SCHOOL
_____ SHOWN SPECIAL ABILITIES OR INTERESTS	
_____ ARRESTED OR IN TROUBLE WITH THE LAW	
_____ HAD AN EMOTIONAL, PHYSICAL, OR MENTAL HANDICAP	

PLEASE CHECK THE ACADEMIC LEVEL OF THE APPLICANT'S PREVIOUS WORK:

_____ EXCELLENT _____ GOOD _____ AVERAGE _____ POOR

VI. REASONS FOR ENROLLMENT

FAMILIES APPLYING FOR THE FIRST TIME, PLEASE EXPLAIN THE REASONS FOR SELECTING OUR SCHOOL:

HOW DID YOU LEARN ABOUT NORTHERN DAUPHIN CHRISTIAN SCHOOL?

A FAMILY WITH A STUDENT PRESENTLY ENROLLED
 YOUR CHURCH
 NEWSPAPER, RADIO, OR TELEVISION ADVERTISING
 REFERED BY _____
 OTHER: _____

VII. TESTING, INTERVIEWS, AND REGISTRATION

ALL APPLICANTS FOR ADMISSION TO NORTHERN DAUPHIN CHRISTIAN SCHOOL ARE REQUIRED TO TAKE AN ENTRANCE SCREENING. YOU WILL BE NOTIFIED AT A LATER DATE CONCERNING THE TIME AND PLACE FOR THIS SCREENING.

VIII. AGREEMENT

“I/WE GIVE PERMISSION FOR MY/OUR 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/OUR CHILD BECAUSE OF ANY INJURY TO MY/OUR CHILD AT SCHOOL OR DURING ANY SCHOOL ACTIVITY.”

“I/WE AGREE TO UPHOLD AND SUPPORT THE HIGH ACADEMIC STANDARD OF THE SCHOOL BY PROVIDING A PLACE AT HOME FOR MY/OUR CHILD TO STUDY AND GIVING MY/OUR CHILD ENCOURAGEMENT IN THE COMPLETION OF ANY HOMEWORK ASSIGNMENT.”

“I/WE APPRECIATE THE STANDARDS OF THE SCHOOL AND DO NOT TOLERATE PROFANITY, OBSCENITY, IN WORD OR ACTION, DISHONOR TO THE TRINITY AND THE WORD OF GOD, OR DISRESPECT TO THE PERSONNEL OF THE SCHOOL. I/WE HEREBY AGREE TO SUPPORT ALL REGULATIONS OF THE SCHOOL IN THE APPLICANT’S BEHALF AND AUTHORIZE THIS SCHOOL TO EMPLOY SUCH DISCIPLINE AS IT DEEMS WISE AND EXPEDIENT FOR THE TRAINING OF MY/OUR CHILD.”

“I/WE UNDERSTAND THAT THE SCHOOL RESERVES THE RIGHT TO DISMISS ANY CHILD WHO FAILS TO COMPLY WITH THE ESTABLISHED REGULATIONS AND DISCIPLINE OR WHOSE FINANCIAL OBLIGATIONS REMAIN UNPAID.”

“I/WE HAVE READ THE INFORMATIONAL MATERIALS FURNISHED AND AGREE TO INSIST THAT MY/OUR CHILD SUBMIT TO THE PROGRAM, ACADEMIC AND DISCIPLINARY REGULATIONS, AND ALL OTHER REQUIREMENTS INSTITUTED BY THE ADMINISTRATION, AND CARRIED OUT BY THE PRINCIPAL AND FACULTY.”

“I/WE PLEDGE TO PAY MY/OUR FINANCIAL OBLIGATIONS TO THE SCHOOL ON THE DATE DUE AND UNDERSTAND THAT A \$10.00 LATE FEE WILL BE ASSESSED WHEN PAYMENT HAS NOT BEEN MADE BY THE 10TH OF EACH MONTH.”

NOTE: FOR YOUR CONVENIENCE IN MEETING YOUR FINANCIAL OBLIGATIONS, TUITION IS DIVIDED INTO 12 INSTALLMENTS BEGINNING IN JULY. THE FIRST PAYMENT IS DUE ON OR BEFORE JULY 1ST OF EACH YEAR; THE FINAL PAYMENT IS DUE ON OR BEFORE JUNE 1ST OF THE FOLLOWING YEAR. FINAL PROGRESS REPORTS WILL NOT BE RELEASED UNTIL TUITION

