

APPLICATION FOR ADMISSION

This application must be filled out completely and returned with a nonrefundable fee.

New Student Application Fee: \$25
 Re-enrollment Application Fee Schedule: EARLY--\$25 (Feb 1st-28th)
 REGULAR--\$50 (March 1st-May 31st)
 LATE-- \$75 (after June 1st)

Grade entering: K 1st 2nd 3rd 4th 5th	Payment for Application: <input type="checkbox"/> Ck <input type="checkbox"/> Cash <input type="checkbox"/> Money Order
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Student Information

Student's Last Name:	Student's First Name:
Date of birth:	Student's Middle Name:
Circle : male female	What name do you call your child?
Does your child have any special academic/medical needs? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain--
Does your child have any special social needs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please check which of the following is true:	
Child lives with: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Both Parents <input type="checkbox"/> Guardian <input type="checkbox"/> Other (please name) _____	
Who is the legal guardian? _____	
What should we know about the family: _____	

List two most recent School/Preschools/Daycares:

School:	Dates attended:
School Address:	Phone:
Teacher's Name:	
School:	Dates attended:
School Address:	Phone:
Teacher's Name:	

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Parent/Guardian Information

Father (please note the BEST contact method--phone call, text or email)

Name:	Email:
Address:	City, State, Zip:
Home phone:	Cell phone:
Place of work/Address:	Occupation:
Highest Education completed:	Work phone:

Mother (please note the BEST contact method--phone call, text or email)

Name:	Email:
Address:	City, State, Zip:
Home phone:	Cell phone/pager:
Place of work/Address:	Occupation
Highest Education completed:	Work phone:

Name of person responsible for tuition, if other than the parents:

Name:	Home Phone: Cell Phone:
Address:	Work Phone:

Whom should we call in case of Emergency?

Emergency Contact #1- Name/relationship to child:	Home Phone: Cell Phone:
Address:	Work Phone:

Emergency Contact #2- Name/relationship to child:	Home Phone: Cell Phone:
Address:	Work Phone:

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Tuition Determination

New City Christian School strives to maintain a socio-economically diverse school environment. In order to insure this balance, please answer the following questions. All information will be held in strict confidence and will be used only in the interest of maintaining balance in our school.

Total Household Income (circle): \$0-19,999 \$20,000-24,999 \$25,000-29,999 \$30,000-34,999
 \$35,000-39,999 \$40,000-44,999 \$45,000-49,999 \$50,000-54,999 \$55,000-59,999 \$60,000-64,999
 \$65,000 and above

Total Household Income _____ Number of persons living in the household: _____

NOTE: To determine your tuition amount, you MUST submit your most recent 1040 Tax Return, or Disability/Social Security Income Statements with this application.

New City Christian School admits students of any race, color, national and ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its education policies, admission policies, scholarship and loan programs, and athletic and other school-administered programs.

Parent (or Legal Guardian) Statement:

In making application for my child to attend New City Christian School, I affirm that all of the information on this form is true to the best of my knowledge. **I understand that this application does not guarantee my child admission to New City Christian School.**

It is understood that the signature of one of two parents or guardians implies the consent of the other.

Signature of parent(s) or legal guardian	Date

School Mailing Address: **New City Christian School, PO Box 6412, Asheville, NC 28816**

Enrollment of students in New City Christian School is a privilege, not a right, parents must understand that enrollment, continued enrollment, and re-enrollment of their child(ren) is dependent on the support of the school, its staff, and its policies.

Parent(s) signature: _____ Date: _____
 Parent(s) signature: _____ Date: _____