



**New Covenant Christian Academy**  
***Elementary/Middle School Individualized Learning Program***  
**Application for Admission 2009-2010**

<b>For office use only:</b>	
Date Rec'd _____	
Registration fee \$ _____	
__ Ck# _____	<input type="checkbox"/> cash
<input type="checkbox"/> C.C.	<input type="checkbox"/> PayPal

**Instructions**

Thank you for your interest in New Covenant Christian Academy's Individualized Learning Program. This program runs under the auspices of Basic Skills Assessment and Educational Services. It is designed for student in 2<sup>nd</sup> through 8<sup>th</sup> Grade. An integrated and innovative curriculum, small class size, and a low student to teacher ratio enables student to experience academic success. Two and four day a week attendance plans are available

This packet includes an *Application for Admission*, an informational page describing this program, the *Statement of Student Standards and Procedures*, and an *Academic Evaluation Form*.

The application process is as follows:

Complete all sections of the *Application for Admission* (this document).

Read and then sign that you have read, understand and support NCCA's *Statement of Faith* and *Statement of Student Standards and Procedures* (parent and student).

Complete the enclosed *Academic Evaluation Form*.

Return the above to Basic Skills with a non-refundable registration fee of \$100 payable to Basic Skills. All account balances for any Basic Skills products or services must be current for this application to be processed.

Once we receive the above, you will be contacted for an interview to begin the process of formulating a plan to meet the academic needs of your child. If you have any questions at any point during the application process, please call or email the Basic Skills office at 503.650.5282 or [info@basicskills.net](mailto:info@basicskills.net). We look forward to working with you.

Curt Bumcrot  
 Director

**Student Information**

STUDENT'S FULL NAME \_\_\_\_\_  
(last) (first) (middle)

Grade Entering: \_\_\_\_\_ Present Age: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Place of Birth: \_\_\_\_\_  
(City, State)

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
(City) (State) (Zip) Email: \_\_\_\_\_

School now attending or last attended: \_\_\_\_\_  
(Name of School) (City, State)

\_\_\_\_\_  
(Phone Number)

Grades attended: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Has this student ever been retained? Yes \_\_\_ No \_\_\_ If yes, please explain on a separate piece of paper.

Has this child ever been expelled, dismissed, suspended or refused admission to another school? Yes \_\_\_ No \_\_\_  
 If yes, please explain on a separate piece of paper.

Does this student have unresolved disciplinary problems? Yes \_\_\_ No \_\_\_ If yes, please explain on a separate piece of paper.

## Family Information

Student lives with: *(check all that apply)*

- Father     Mother     Grandparent(s)     Stepfather     Stepmother     Guardian

Student's parents are:

- Married     Separated     Divorced     Father is deceased     Mother is deceased

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employed by: \_\_\_\_\_

Employed by: \_\_\_\_\_

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

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

## Other Information

**How did you first learn about the services provided by Basic Skills?** *(check all that apply)*

- Have previously received services or attended classes     Received Email     Received Flier

Support Group, name of group: \_\_\_\_\_     Other: \_\_\_\_\_

**Most important factors influencing your decision to take classes:**

*(Check all that apply)*

- Quality academic instruction     Biblical perspective     Accountability

Recommendation of another family     Location

Other: \_\_\_\_\_

**What is your church affiliation?**

Church Name: \_\_\_\_\_

Denomination: \_\_\_\_\_

## Statement of Standards & Procedures

We have read, understand, and support the "Statement of Standards & Procedures".

*(Only one parent signature is required.)*

\_\_\_\_\_  
Father/Guardian Signature

\_\_\_\_\_  
Mother/Guardian Signature

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date





## Basic Skills Assessment & Educational Services

# New Covenant Christian Academy

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## ACADEMIC EVALUATION

*To be filled out by a parent*

Student Name: \_\_\_\_\_

Your Name: \_\_\_\_\_

- Please rate the applicant in the following areas by checking the appropriate box:

	<i>Excellent</i>	<i>High</i>	<i>Average</i>	<i>Low</i>	<i>Very Low</i>	<i>Unknown</i>
Overall academic ability						
English skills						
Science aptitude						
Social Studies aptitude						
Math skills						
Involvement outside school						
Respects authority						
Emotional stability						
Social adjustment to peers						
Demonstrates leadership						
Responsibility						
Honesty						
Hard working						
Motivation						
Personal appearance						

- Please add any additional comments regarding the above areas that might be helpful:

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- Your Signature: \_\_\_\_\_