



# New Covenant Christian Academy Independent Study Application 2009-2010

For office use only:  
Date Rec'd \_\_\_\_\_  
App. fee \$ \_\_\_\_\_  
chk # \_\_\_\_\_  cash  
file sent: \_\_\_\_\_

Please type or print in black or blue ink. Please complete one application for each student you wish to enroll.

## Student Information

Date: \_\_\_\_\_

STUDENT'S FULL NAME: \_\_\_\_\_

Present Age: \_\_\_\_\_ (Last) Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (First) (Middle) Grade Level: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_ Current GPA: \_\_\_\_\_

## Parents

Father \_\_\_\_\_  
Name Martial Status

Mother \_\_\_\_\_  
Name Martial Status

Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
(Street) Work Phone: (\_\_\_\_) \_\_\_\_\_  
(City) (State) (Zip) E-mail: \_\_\_\_\_

## School Attending

Name of School: \_\_\_\_\_ School Phone: (\_\_\_\_) \_\_\_\_\_

School Address: \_\_\_\_\_  
(Street)  
(City) (State) (Zip)

School Representative: \_\_\_\_\_ ,  
Name Position

Grade report needs to be submitted to school by : \_\_\_\_\_  
Date

Please explain why you are applying for the Independent Study Program:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Course**

Please list the courses you wish to complete and the units needed:

\_\_\_\_\_  
\_\_\_\_\_

½ Unit (one semester)

1 Unit (two semester)

Have you failed or decided to retake any of these courses? If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

**Commitment Agreement**

- We have read, understand and support the *New Covenant Christian Academy* “Statement of Faith”
- Our curriculum and course of study will be consistent with the NCCA Statement of Faith.
- All work will be scored and recorded only by a parent.
- All tests and quizzes will be given closed-book and without any help relative to the concepts being evaluated, *any exceptions to this standard will be made at the advisor’s discretion.*
- All information on this application is true to the best of our knowledge

\_\_\_\_\_  
(Father's/Guardian signature)

\_\_\_\_\_  
(Mother's/Guardian signature)

\_\_\_\_\_  
(Student's signature)

\_\_\_\_\_  
(Date)

**Application**

- Verify with the school that units earned through the Independent Study Program will be accepted for credit.
- Please enclose the following for each student you plan to enroll:
  - *Independent Study Application (this paper)*
  - \$50.00 non-refundable application fee (payable to Basic Skills)
- Once these components have been received, the supervising teacher will contact you to schedule an initial consultation.
- **Full payment of tuition as listed below is due at the time of the initial consultation.**
  - One Semester: \$50.00 (half unit)
  - Two Semesters: \$100.00 (full unit)
- Mail the application and payment to :

**Basic Skills  
19146 Molalla Ave  
Oregon City, OR 97045**

*Note: When necessary, your advisor may request a current high school transcript.*