Student Information				
Application Date: Grade Entering:	School Year:			
Full Name:  First  Middle	: : :			
Filst Middle	Last Name Chila does by			
MALE FEMALE Gender: Date of Birth:	Country of Birth			
Residential Public-School District:				
Which best describes your race: ☐ White ☐ Black ☐ Hi ☐ American Indian or Ala	spanic			
Child lives with:	er 🗌 Mother 🔲 Stepfather 🗎 Stepmother 🗎 Other			
Family Information				
☐ Father ☐ Mother ☐ Stepfather ☐ Stepmother ☐ Other	☐ Father ☐ Mother ☐ Stepfather ☐ Stepmother ☐ Other			
Title First Last	Title First Last			
Home Address	Home Address			
City State Zip	City State Zip			
Cell Phone Work Phone	Cell Phone Work Phone			
Email	Email			
Employer/Business Occupation/Title	Employer/Business Occupation/Title			
☐ Father ☐ Mother ☐ Stepfather ☐ Stepmother ☐ Other	☐ Father ☐ Mother ☐ Stepfather ☐ Stepmother ☐ Other			
Title First Last	Title First Last			
Home Address	Home Address			
City State Zip	City State Zip			
( ) ( ) Cell Phone Work Phone	( ) ( ) Cell Phone Work Phone			
Email	Email			
Employer/Business Occupation/Title	Employer/Business Occupation/Title			



Name of Sibling(s)	Gender	Age	Grad	le	Nar	me of School	Attendi	ing	
Grandparent(s):			Addre	ss:_		Ph	one:		
Grandparent(s):			Addre	SS:		Ph	one:		
Educational Information	on								
Name of School(s)/Pi	ro-School(s)	Age/0	Grado	Da	ates of Attendance	City/State		Phone/	Eav
Name of School(s)/Fi	e-3c(1001(s)	Age/	Jiade	De	ates of Atteridance	City/State		PHOHE/	I dA
Has your child ever ha Health Plan)? If yes, explain?	d an IEP (Inc	dividuali	ized Ed	luca	tion Plan) or an IHP	(Individualiz		☐ YES	□NO
Has your child ever be If yes, which?	en accelerat	ed or re	tained	?				☐ YES	□NO
Has your child ever be	en expelled	or susp	ended	by a	nny school?			YES	□NO
Have you received NC	A's Parent/S	tudent I	Handb	ookî	?			□YES	Пио

Medical Information					
Does your child have any existing medical conditions or significant past medical history?					
Does your child have any allergies or medical conditions of the second o	YES [	] NO			
Please list any signs & symptoms of an allergic reaction	your child may experience if expose	ed to above a	allergies.		
Does your child take medication regularly?  If yes, when is it administered?		☐ YES ☐	ОИ		
Name of medication:	Name of medication: Hospital of choice:				
Pediatrician's Name:					
Address:					
*If your child has an allergy or medical condition, we will be	contacting you to set a time to create	an action pla	n.		
Emergency Contact Information	ı				
Relationship to Student:	Relationship to Student:				
Title First Last	Title First	Last			
Home Address	Home Address				
City State Zip	City State	Zip			
		1			
Cell Phone Work Phone	Cell Phone Work	Phone			
Pick-Up Authorization					
Relationship to Student:	Relationship to Student:				
Title First Last	Title First	Last			
Home Address	Home Address				
City State Zip	City State	Zip			
( )	(	)			
Cell Phone Work Phone	Cell Phone Work	Phone			



I give permission to photograph my student for the promotion of Norwalk Christian Academy on the website, social media sites, and publications.   My child's picture may be taken for use within the classroom only. (To decorate cubbies, walls, & portfolios)   I DO NOT want my child's picture taken under any circumstances.    Parent(s) Signature	Photo/Media Authorization	
Medication Administration Authorization	website, social media sites, and publications.	•
Medication Administration Authorization  I give permission to administer the following non-prescription medication to my child as per the parent's instructions.  Parent(s) Signature  Date  General Release of Liability  I do hereby release for and on behalf of ourselves, and our minor child, Norwalk Christian Academy and Fellowship Community Church, and all employees of NCA and FCC from any and all damages and/or personal injury that may occur in and from any connections with such Norwalk Christian Academy and Fellowship Community Church, it's owners and employees, sponsoring Norwalk Christian Academy. I have read this release, understand its terms and hereby execute it voluntarily and with full knowledge of its significance.	☐ I <u>DO NOT</u> want my child's picture taken under any circumstances.	
I give permission to administer the following non-prescription medication to		Date
Parent(s) Signature  Date  General Release of Liability  I do hereby release for and on behalf of ourselves, and our minor child, Norwalk Christian Academy and Fellowship Community Church, and all employees of NCA and FCC from any and all damages and/or personal injury that may occur in and from any connections with such Norwalk Christian Academy and Fellowship Community Church, it's owners and employees, sponsoring Norwalk Christian Academy. I have read this release, understand its terms and hereby execute it voluntarily and with full knowledge of its significance.	Medication Administration Authorization	
General Release of Liability  I do hereby release for and on behalf of ourselves, and our minor child, Norwalk Christian Academy and Fellowship Community Church, and all employees of NCA and FCC from any and all damages and/or personal injury that may occur in and from any connections with such Norwalk Christian Academy and Fellowship Community Church, it's owners and employees, sponsoring Norwalk Christian Academy. I have read this release, understand its terms and hereby execute it voluntarily and with full knowledge of its significance.		🔲 Fever Reducer 🔲 Pain Reliever
I do hereby release for and on behalf of ourselves, and our minor child, Norwalk Christian Academy and Fellowship Community Church, and all employees of NCA and FCC from any and all damages and/or personal injury that may occur in and from any connections with such Norwalk Christian Academy and Fellowship Community Church, it's owners and employees, sponsoring Norwalk Christian Academy. I have read this release, understand its terms and hereby execute it voluntarily and with full knowledge of its significance.	Parent(s) Signature	Date
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Parent(s) Signature Date	Fellowship Community Church, and all employees of NCA and FCC from injury that may occur in and from any connections with such Norwalk Ch Community Church, it's owners and employees, sponsoring Norwalk Chi	n any and all damages and/or personal ristian Academy and Fellowship ristian Academy. I have read this release,
	Parent(s) Signature	Date

### **Notice of Non-Discrimination Policy**

Norwalk Christian Academy admits students of any race, color, nationality, gender and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. NCA does not discriminate on the basis of race, color, nationality, gender and ethnic origin. In the administration of educational policies, admissions processes, scholarship programs and athletic and other school-administered programs. A student who has a history of academic, disciplinary or behavior problems may be accepted on probation after administration consultation. No student is guaranteed admission under any circumstances. NCA is not obligated to admit any student. All admission documents, interviews, and information will be used to determine if Norwalk Christian Academy will be able to form a partnership with the family. Attendance at Norwalk Christian is a privilege. NCA reserves the right to grant scholarships at its discretion.