

## ADMISSION PROCEDURES

1. Complete the Application and the Tuition forms and bring them to the school office, accompanied by the student's previous report card. The reference forms can be faxed to us or dropped off by you or the person giving you the reference.
2. After receiving your Application Form, previous report card and references, the school office will call you to schedule an interview time.
3. Once a family is accepted, based on our mutual agreement that the student and Northeast Christian Academy are a good fit, the registration deposit will be due immediately. The amount of the registration deposit is \$50.00/student or \$100.00/family.
4. Fill out all forms in the Registration Package.
5. Read the student handbook thoroughly.
6. The Academy will arrange for your child's previous academic records to be transferred to Northeast Christian Academy.
7. Parents/Guardians are responsible for notifying their child's previous school that they are transferring to NCA.

To set up an appointment or for more information regarding our school policies you can email us at [ncacademy.office@gmail.com](mailto:ncacademy.office@gmail.com) or call 306-752-3503.

## TO BE COMPLETED AND BROUGHT TO THE INTERVIEW

- Fully completed Application Form
- Tuition Worksheet Form
- Copy of Birth Certificate
- Copy of Health Care Card
- Copy of Permanent Resident Card OR Student Visa OR Study Permit if student is not a Canadian Citizen



Date: \_\_\_\_\_, 20\_\_\_\_

## APPLICATION FORM 2020-2021

This application must be filled out completely before your interview. Please drop it off before the day of your interview. An interview with the parents/guardian and the child will be required before final acceptance. If at that time, there is an agreement that your family and Northeast Christian Academy are a good fit, you will be contacted to complete the registration process.

### PART 1 – STUDENT DEMOGRAPHICS (PLEASE PRINT CLEARLY)

Student's Legal Name: \_\_\_\_\_  
(Last) (First) (Middle)

Name Used (if different than legal name): \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/year) Age: \_\_\_\_\_ Gender:  Male  Female

Grade completed: \_\_\_\_\_ Entering NCA in Grade: \_\_\_\_\_ Start Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_  Listed  Unlisted

Address: \_\_\_\_\_  
Apartment #/ House # Street City Postal Code

PO Box # / RR Address: \_\_\_\_\_

Student resides with (check one that applies):

Mother and Father  Mother Only  Father Only  Guardian

Name of Sibling(s) at this school: \_\_\_\_\_

Last School Attended: \_\_\_\_\_

Emergency Contact Name (Other than Parent/Guardian): \_\_\_\_\_

Phone No. of Emergency Contact: \_\_\_\_\_

### MEDICAL INFORMATION

Health Services Number (HSN): \_\_\_\_\_

Medical Information the school should be aware of: \_\_\_\_\_

Additional Information: (Allergies, Phobias etc.): \_\_\_\_\_

Does your child have any medication and/or procedures that are required to be administered during the regular school hours?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

If you answered YES to the above question, please ask for a Parental Release and Authorization Form from the School Office, and return before the first day of your child's attendance in school.



**PART 1 – STUDENT DEMOGRAPHICS CON'T (PLEASE PRINT CLEARLY)**

How did you hear about this school? \_\_\_\_\_  
\_\_\_\_\_

Reason for selecting this school: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide a copy of the student's Birth Certificate. COPY PROVIDED \_\_\_\_\_ (CHECK)

Country of Birth: \_\_\_\_\_ Country (ies) of Citizenship: \_\_\_\_\_

First Language Spoken at Home: \_\_\_\_\_

Second Language Spoken at Home: \_\_\_\_\_

**If the Student is NOT a Canadian Citizen, please check one of the following below to indicate what type of Resident applies to the Student:**

- Permanent Resident
- Refugee

- Temporary Resident
- Student/Visitor Visa

**If the Student is NOT a Canadian Citizen, please provide a copy of a Permanent Resident Card OR Student Visa OR Study Permit.** COPY PROVIDED \_\_\_\_\_ (CHECK)

**PART 2 – PARENTAL/GUARDIAN CONTACT INFORMATION (PLEASE PRINT CLEARLY)**

- Married
- Single
- Separated/Divorced
- Remarried
- Blended Family
- Widowed

Custody Agreement is in place (Please provide a copy for our file)

**Parent/Guardian Contact #1:**

\_\_\_\_\_ Mr. \_\_\_\_\_ Mrs. \_\_\_\_\_ Ms. \_\_\_\_\_  
(First Name) (Last Name)

Relationship to Student: \_\_\_\_\_  
(i.e. Mother, Father, Guardian, etc.)

\_\_\_\_\_ Lives with student .... OR give address below.

**Address:** \_\_\_\_\_  
Apartment #/ House # Street City Postal Code

PO Box # /RR Address: \_\_\_\_\_

**Daytime Phone (Business):** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_



**PART 2 – PARENTAL/GUARDIAN CONTACT INFORMATION CON'T (PLEASE PRINT CLEARLY)**

**Parent/Guardian Contact #2:**

\_\_\_\_\_ Mr. \_\_\_\_\_ Mrs. \_\_\_\_\_ Ms. \_\_\_\_\_  
(First Name) (Last Name)

Relationship to Student: \_\_\_\_\_  
(i.e. Mother, Father, Guardian, etc.)

\_\_\_\_\_ Lives with student .... **OR** give address below.

**Address:** \_\_\_\_\_  
Apartment #/ House # Street City Postal Code  
PO Box # /RR Address: \_\_\_\_\_

**Daytime Phone (Business):** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_  
**Cell Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

Church Attending: _____	Pastor: _____
Parent/Guardian #1: Christian? Yes _____ No _____	Parent/Guardian #2: Christian? Yes _____ No _____
Has applicant/student ever made a profession of faith in Christ? Yes _____ No _____	

**PART 3 – STUDENT BEHAVIOR AND HISTORY (PLEASE PRINT CLEARLY)**

What are some of your child's strengths, or things you would like us to know: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the student ever had academic, or behaviour challenges?  
Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has this student previously been on a personal program plan in school for learning or behavioural challenges?  
Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has this student ever repeated a grade in school?  
Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**PART 3 – STUDENT BEHAVIOR AND HISTORY CON'T (PLEASE PRINT CLEARLY)**

Has your child had disciplinary difficulties?

Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, please explain: \_\_\_\_\_

Has your child ever been expelled, dismissed, suspended, or refused admission to another school?

Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, please explain: \_\_\_\_\_

Has your child ever been in trouble with the law, arrested, etc.?

Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, please explain: \_\_\_\_\_

Has your child ever used tobacco or drugs of any kind?

Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, please explain: \_\_\_\_\_

Has the child ever been TESTED for or DIAGNOSED as having any of the following:

ADD/ADHD/ADD atypical type:      Tested:  Yes  No /  Diagnosed:  Yes  No

Autism Spectrum Disorder:      Tested:  Yes  No /  Diagnosed:  Yes  No

Learning Disability:      Tested:  Yes  No /  Diagnosed:  Yes  No

Physical or Sensory Handicaps:      Tested:  Yes  No /  Diagnosed:  Yes  No

Other: \_\_\_\_\_ Tested:  Yes  No /  Diagnosed:  Yes  No

**STATEMENT OF COMMITMENT:**

Because the education of children is a cooperative venture between parents/guardian and the school, I/we agree to abide by the policies and regulations of Northeast Christian Academy, and agree to uphold the decisions of the school administration. By signing this form, I agree that all information given is true, current and correct. I understand that any information knowingly omitted or falsified by a parent/guardian may result in an application being rejected or the possibility of that student being removed from enrollment in the program.

\_\_\_\_\_  
(Parent's/Guardian's Name – Please Print)

\_\_\_\_\_  
(Parent's/Guardian's Signature)

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

\_\_\_\_\_  
(Parent's/Guardian's Name – Please Print)

\_\_\_\_\_  
(Parent's/Guardian's Signature)

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



# REFERENCE FORM

Dear Parents/Guardians,

Please complete this portion of the Reference Form, even if you do not attend church regularly, and pass it along to one of the following:

- If you do have a home church-** Please ask **your pastor** to complete the Pastoral Reference Form and return it to Northeast Christian Academy, along with this page.
- If you do not have a home church-** Please have an **alternate reference** complete the Alternate Reference Form and return it to Northeast Christian Academy, along with this page.

Names of Parents/Guardian applying for admission to Northeast Christian Academy:

Father/Guardian: \_\_\_\_\_  
(Please print name)

Mother/Guardian: \_\_\_\_\_  
(Please print name)

Do you have a Home Church? :  Yes  No

If no, please explain:

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

If yes, Name of Home Church:

\_\_\_\_\_

Names of applicants:

_____	Grade Entering: _____
_____	Grade Entering: _____
_____	Grade Entering: _____
_____	Grade Entering: _____
_____	Grade Entering: _____



## PASTORAL REFERENCE FORM

PARENTS/GUARDIANS NAME(S): \_\_\_\_\_

STUDENTS' NAMES: \_\_\_\_\_

### This section is to be completed by the Pastor

Dear Pastor,

This family is applying for admission to Northeast Christian Academy. Please assist in this process by providing a reference regarding the church/faith journey of one or both parents/guardians. Thank you for your help as we seek to build His kingdom together.

How long have you known the father/guardian? \_\_\_\_\_

How long have you known the mother/guardian? \_\_\_\_\_

Does the father/guardian attend church on a regular basis?  Yes  No

Does the mother/guardian attend church on a regular basis?  Yes  No

Is the father/guardian regularly engaged in church ministry?  Yes  No

Is the mother/guardian regularly engaged in church ministry?  Yes  No

Do the named applicants attend church on a regular basis?  Yes  No

Is the family supportive of your ministries and work of the church? \_\_\_\_\_

Do you feel this family will be supportive of a Christ-Centred School? \_\_\_\_\_

In a few sentences, please share your thoughts about the faith commitment of the parent/guardian(s) of the applicants:

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

Any additional comments: \_\_\_\_\_

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

Name of Pastor: \_\_\_\_\_ Church: \_\_\_\_\_

Pastor's Signature: \_\_\_\_\_

Please fax/mail/scan the completed form and forward to us. Our information is below:



## ALTERNATE REFERENCE

PARENTS/GUARDIAN NAME(S): \_\_\_\_\_

STUDENTS' NAMES: \_\_\_\_\_

Please provide a reference from one of the following:

- School Principal  Employer or Immediate Supervisor  
 Member of Northeast Christian Fellowship Church  Member of another church (name): \_\_\_\_\_

Name of Reference: \_\_\_\_\_  
(Please Print Clearly)

Relation to Applicant: \_\_\_\_\_

How long have you known the mother/guardian? \_\_\_\_\_

How long have you known the father/guardian? \_\_\_\_\_

Do you feel this family would be supportive of a Christ-centered school? \_\_\_\_\_

Do you feel the applicants (students) would thrive in a Christ-centered school environment? \_\_\_\_\_

Please provide a few sentences regarding the character of the mother/guardian: \_\_\_\_\_

Please provide a few sentences regarding the character of the father/guardian: \_\_\_\_\_

Signature of Reference: \_\_\_\_\_ Date: \_\_\_\_\_

Phone # of Reference: \_\_\_\_\_

Please fax/mail/scan the completed form and forward to us. Our information is below:



Parent/Guardian Name(s): \_\_\_\_\_ Date Registered: \_\_\_\_\_

## PART 1 – TUITION FEES

Tuition Fees

Number of Children enrolled	Full Year Tuition	Pay over 10 months (September to June)	Pay over 12 Months (September to August)
1 in Kindergarten	\$1800	\$180	\$150
1 in Grade 1-9	\$2500	\$250	\$208.50
2 in Grade K-9	\$4200	\$420	\$350
3 in Grade K-9	\$5500	\$550	\$460
4 in Grade K-9	\$5900	\$590	\$492
Select your payment plan:	Payment in Full	10 Monthly Payments	12 Monthly Payments
	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____

- \*If you enroll more than 4 children, add \$400/year for each additional child.
- \*For all other tuition calculations, please contact the NCA Office, or Pastor Paul Dubois
- \*Extracurricular Fees will be requested as needed

## PART 2 – NON-REFUNDABLE REGISTRATION DEPOSIT

The registration deposit is **due at the time of registration** to secure your spot. The registration deposit will be applied to your account if your child/children attend school in the fall. This registration deposit is for new families only.

**Enclose payment as follows:**      \$50 per student   or   \$100 per family (non-refundable deposit)

**Payment Options (choose one):**

- I have attached a cheque for \$ \_\_\_\_\_
- Debit
- Cash
- Credit Card
- E-transfer

## PART 3 – TUITION PAYMENT OPTIONS

**PLEASE SELECT "ONE" PAYMENT OPTION** (or choose Credit Card below)

- Cash       Debit       E-transfer       Post-dated Cheques

**NOW SELECT "ONE" PAYMENT SCHEDULE**

- 1<sup>st</sup> of every month  
 15<sup>th</sup> of every month

\*There will be a \$50 charge for each NSF payment.

I hereby agree to adhere to the payment plan noted above.

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

Signature: \_\_\_\_\_

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

**Credit Card: (Only Visa or MasterCard accepted)**

Name on Credit Card: \_\_\_\_\_

Credit Card # \_\_\_\_\_ Expiry Date: \_\_\_\_\_

- Withdrawal 1st of every month  
 Withdrawal 15th of every month

\*There will be a \$50 charge for each NSF payment.

I hereby authorize Northeast Christian Academy to withdraw payments from my credit card as stated above.

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

Signature: \_\_\_\_\_

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