

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 can be filled out.
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 nca.derkatz.wanda@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

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 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 it directly to us. Our information is below:

CHARACTER 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 it directly 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 1-10	\$2500	\$250	\$208.50
2 in Grade K-10	\$4200	\$420	\$350
3 in Grade K-10	\$5500	\$550	\$460
4 in Grade K-10	\$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 – 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

- 1st of every month
 15th 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: _____