

NEW CITY CHRISTIAN SCHOOL
 @ Tabernacle Missionary Baptist Church--located at 56 Walton Street
APPLICATION FOR ADMISSION 2010-2011
 Coral Jeffries, Administrator
 Cell phone 776-6228(NCCS)--Please do not call the church office.

This application must be filled out completely and returned with a \$20.00 application fee.

Grade applied for: K 1st 2nd 3rd 4th	Payment for Application: <input type="checkbox"/> Chk <input type="checkbox"/> Cash <input type="checkbox"/> Money Ord.
---	--

Student's Information

Student's Last Name:	Student's First Name:
Date of birth:	Student's Middle Name:
Circle : male female	Name that Parent prefers child to be Called:
Please check which of the following is true: Child lives with: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Both Parents <input type="checkbox"/> Guardian <input type="checkbox"/> Other (please name)	
Who is the legal guardian? _____	
What should we know about the family: _____	

List two most recent School/Preschools/Day Cares

School:	Dates attended:
School Address:	Phone: Teacher's Name:
School:	Dates attended:
School Address:	Phone: Teacher's Name:
New City Christian School strives to maintain a socio-economically diverse school environment. In order to insure this balance, please answer the following questions. All information will be held in strict confidence and will be used only in the interest of maintaining balance in our school. Total Household Income: \$0 to 19,999 \$20,000 to 29,999 \$30,000 to \$39,999 \$40,000 to \$49,999 \$50,000+	
Parents' Income _____ Number of persons living in the household: _____	

Father

Name:	Email:
Address:	City, State, Zip:
Home phone:	Cell phone/pager:
Place of work/Address:	Occupation
Highest Education completed:	Work phone:

Mother

Name:	Email:
Address:	City, State, Zip:
Home phone:	Cell phone/pager:
Place of work/Address:	Occupation
Highest Education completed:	Work phone:
Does your child have any special academic/medical needs? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain--
Does your child have any special social needs? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name of person responsible for tuition, if other than the parents:

Name:	Home Phone:
	Cell Phone:
Address:	Work Phone:

Whom may we call in case of Emergency:

Emergency Contact #1- Name/relationship to child:	Home Phone:
	Cell Phone:
Address:	Work Phone:

Emergency Contact #2- Name/relationship to child:	Home Phone:
	Cell Phone:
Address:	Work Phone:

Emergency Contact #3- Name/relationship to child:	Home Phone:
	Cell Phone:
Address:	Work Phone:

New City Christian School admits students of any race, color, national and ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its education policies, admission policies, scholarship and loan programs, and athletic and other school-administered programs.

Parent (or Legal Guardian) Statement:

In making application for my child to attend New City Christian School, I affirm that all of the information on this form is true to the best of my knowledge. **I understand that this application does not guarantee my child admission to New City Christian School.**

It is understood that the signature of one of two parents or guardians implies the consent of the other.

Signature of parent(s) or legal guardian	Date

School Mailing Address:

New City Christian School
Box 4035
Asheville, NC 28805

Equipping Students with Knowledge, Confidence and Hope