

**APPLICATION FOR ADMISSION 2012-13**

@ Tabernacle Missionary Baptist Church--located at 56 Walton Street  
Loretta Woods, Principal Cell phone 776-6228

**This application must be filled out completely and returned with a \$25.00 application fee.**

Grade applied for: K 1st 2nd 3rd 4th 5th	Payment for Application: [ ] Check [ ] Cash [ ] Money Order
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**Student's Information**

Student's Last Name:	Student's First Name:
Date of birth:	Student's Middle Name:
Circle : male female	What name do you call your child?
Please check which of the following is true: Child lives with: [ ] Father [ ] Mother [ ] Both Parents [ ] Guardian [ ] 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 (circle): \$0-19,999 \$20,000-24,999 \$25,000-29,999 \$30,000-34,999 \$35,000-39,999 \$40,000-44,999 \$45,000-49,999 \$50,000-54,999 \$55,000-59,999 \$60,000-64,999 \$65,000 and above Parents' Income _____ Number of persons living in the household: _____ <b>Please include a recent paycheck stub, Tax Return or W-2 with this application.</b>	

**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:

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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 Does your child have any special social needs? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain--

**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:

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, PO Box 9035, Asheville, NC 28815**