



REGISTRATION FOR ADMISSION

STUDENT INFORMATION

Application Date: _____ Grade Entering: _____ School Year: _____

Student's Legal Name: _____
First Middle Last Name Child Goes By

Gender: Male Female Date of Birth: _____ Country of Birth: _____

Residential Public School District: _____ School Your Child Currently Attends: _____

Which best describes your race? White Black Hispanic
 Asian or Pacific Islander American Indian or Alaskan Native

Child lives with: Both parents Father Mother Stepfather Stepmother Other

FAMILY INFORMATION

Father	Mother	Guardian	Stepfather	Stepmother
Title		First	Last	
Home Address				
City		State	Zip	
Cell Phone		Work Phone		
Email				
Employer/Business			Occupation/Title	

Father	Mother	Guardian	Stepfather	Stepmother
Title		First	Last	
Home Address				
City		State	Zip	
Cell Phone		Work Phone		
Email				
Employer/Business			Occupation/Title	

Father	Mother	Guardian	Stepfather	Stepmother
Title		First	Last	
Home Address				
City		State	Zip	
Cell Phone		Work Phone		
Email				
Employer/Business			Occupation/Title	

Father	Mother	Guardian	Stepfather	Stepmother
Title		First	Last	
Home Address				
City		State	Zip	
Cell Phone		Work Phone		
Email				
Employer/Business			Occupation/Title	



Name of Sibling(s)	Gender	Age	Grade	Name of School Attending

Grandparent(s): _____ Address: _____ Phone: _____

Grandparent(s): _____ Address: _____ Phone: _____

EDUCATIONAL INFORMATION

Name of School(s)/Pre-School(s)	Age/Grade	Dates of Attendance	City/State	Phone/Fax

- Has your child ever had an IEP (Individualized Education Plan) or an IHP (Individualized Health Plan)? If yes, which? _____
- Has your child ever been accelerated or retained? If yes, which? _____
- Has your child ever been expelled or suspended by any school? Yes No
- Have you received NCA's Parent/Student Handbook? Yes No

MEDICAL INFORMATION

List any existing medical conditions or significant past medical history:

Does your child have any allergies or medical conditions? Yes No If yes, please explain: _____

Signs and symptoms of an allergic reaction your child may experience if exposed to above allergies:

Does your child take medication regularly? Yes No If yes, when is it administered? _____

Name of medication: _____ Hospital of choice: _____

Pediatrician's Name: _____ Phone: _____

Address: _____

*If your child has an allergy or medical condition we will be contacting you to set up a time to create an action plan.

EMERGENCY CONTACT INFORMATION

Name	Relationship to Student	Home Phone	Work Phone	Cell Phone

Name	Relationship to Student	Home Phone	Work Phone	Cell Phone



PICK-UP AUTHORIZATION

Name	Relationship to Student	Home Phone	Work Phone	Cell Phone
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Name	Relationship to Student	Home Phone	Work Phone	Cell Phone
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I give permission for the above person(s) to pick-up my student at Norwalk Christian Academy.

 Parent(s) Signature _____
 Date

PHOTO/MEDIA AUTHORIZATION

I give permission to photograph my student for the promotion of Norwalk Christian Academy on the NCA website, social media sites, and publications.

My child's picture may be taken for use within the classroom only. (to decorate cubbies, walls, & use in portfolios)

I DO NOT want my child's picture taken under any circumstances.

 Parent(s) Signature _____
 Date

MEDICATION ADMINISTRATION AUTHORIZATION

I give permission to administer non-prescription medication to my child as per parent's instructions (circle applicable):

Antacid Cough Drop Fever Reducer Pain Reliever
 Sunscreen

 Parent(s) Signature _____
 Date

GENERAL RELEASE OF LIABILITY

I do hereby release for and 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

