



Admission Application

For Office Use Only:

Date application was received _____ Application fee paid _____
Date of interview/entrance exam _____ Accepted into _____

Applying For: ___ New Covenant School/Preschool (K2-12) ___ Upper School Part Time (6-12)
___ Scholé at New Covenant

Student(s) Applying

Full Name: _____ Gender ___ Age ___ DOB _____ Grade Entering ___ *

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(***Preschool:** Indicate number of days/week desired ***Kindergarten:** Indicate half-day or full-day)

Contact Information

Home Address _____ City/State/Zip _____

Mailing Address (if different) _____

Father's Name _____ Mother's Name _____

Occupation _____ Occupation _____

Employer _____ Employer _____

Business Phone _____ Business Phone _____

Cell Phone _____ Cell Phone _____

Primary Email Address _____

Child(ren) Living With: ___ Both Parents ___ Mother ___ Father

___ Mother & Stepfather ___ Father & Stepmother

___ Other (Please Specify) _____

If divorced, are there restrictions on custody, visitation, etc of which we should be aware? ___ Y ___ N

If yes, please describe _____

Education History

Please list the school your child last attended or is currently attending:

Student _____	School Name _____
Student _____	School Name _____
Student _____	School Name _____
Student _____	School Name _____

***Please complete the following section separately for each additional child:**

1. Was your child born premature (more than 5 weeks before the due date)? Y or N
2. Did your child experience any developmental delays? Y or N If yes, briefly describe _____

3. Has your child ever repeated a grade for any reason? Y or N If yes, please explain _____

4. Has your child ever seen anyone for any type of social, behavioral, or mental problems? Y or N If yes, please explain _____

5. Do you suspect that your child has a learning disability, hyperactivity, ADHD, or ADD? Y or N If yes, please explain _____

Education Philosophy

1. How did you hear about New Covenant School/Preschool? _____

2. Do you know of families who attend New Covenant School/Preschool? If so, please list some: _____

3. Please explain how familiar you are with classical Christian education: _____

4. Why are you applying to New Covenant School/Preschool? _____

5. What goals do you have in sending your child to New Covenant School/Preschool? _____

Christian Life

Current Church _____ Pastor _____

Are you a member? _____Yes _____No Do you attend regularly? _____Yes _____No

Have you been redeemed by Jesus Christ? Mom: Y or N Dad: Y or N

Please give a brief testimony, including circumstances of your conversion (both parents, if applicable):