



New Dorp Christian Academy

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New Student Application

Student Information

Student's Full Legal Name			Preferred Name		
Name of adult with whom student lives			Relationship to student		
Student's Home Address		City	State	Zip	
Township	Student's Home Phone Number		Primary Family E-mail Address		
Date of Birth	Birthplace	US Citizen	Age	M / F Sex	
Grade entering		For Marking Period Beginning (month/year)			
Parents of this student are: Married Separated Divorced Single Parent Mother Remarried Father Remarried Other: _____					
The primary language spoken in the home: English Spanish Russian Arabic Other: _____					
Ethnic Origin: American Indian Black Asian or Pacific Islander Hispanic White Multiracial					

New Dorp Christian Academy admits students of any race, color, nationality, and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at NDCA. We do not discriminate on the basis of race, color, nationality, or ethnic origin in the administration of its educational policies, athletic and other school administered programs. We ask this information for reporting purposes only.

Family Information

Father/Guardian (please circle)

Name

If Guardian, Relationship to Student

Home Address (If different from Student's)

Employer

Cell Phone Number

Work Phone Number

Ext.

Email Address

Church Denomination

Church Congregation Name

Stepmother's Name (if applicable)

Contact Number

Mother/Guardian (please circle)

Name

If Guardian, Relationship to Student

Home Address (If different from Student's)

Employer

Cell Phone Number

Work Phone Number

Ext.

Email Address

Church Denomination

Church Congregation Name

Stepfather's Name (if applicable)

Contact Number

Additional Family Information

Brother(s) and/or Sister(s) Names

Age

Grade

School Attending

Purpose of Enrollment

Why are you considering New Dorp Christian Academy? _____

Please rank from 1 – 5 the following reasons for enrollment, #1 being most important.

☐ Christian Emphasis ☐ Quality Academics ☐ Safety ☐ Location ☐ Other: _____

How did you hear about New Dorp Christian Academy?

☐ Home church ☐ Family or friend ☐ Website ☐ Printed Ad ☐ Other: _____

If you heard about us from a family member or friend, what is the name of your family member or friend? _____

Previous Academic Information

School	Address	Dates attended	Grade completed

School	Address	Dates attended	Grade Completed

Please answer YES or NO to the following questions:

Has the student been placed in a talented or gifted program? <input type="checkbox"/> YES <input type="checkbox"/> NO	Received honors and/or rewards? <input type="checkbox"/> YES <input type="checkbox"/> NO
Been retained in a grade? <input type="checkbox"/> YES <input type="checkbox"/> NO	Been recommended tutoring? <input type="checkbox"/> YES <input type="checkbox"/> NO
Been recommended for academic or psychological testing? <input type="checkbox"/> YES <input type="checkbox"/> NO	Received an IEP or 504 Plan? <input type="checkbox"/> YES <input type="checkbox"/> NO
Been placed in a special education program? <input type="checkbox"/> YES <input type="checkbox"/> NO	Struggled with mental or emotional issues? <input type="checkbox"/> YES <input type="checkbox"/> NO
Not passed state or city testing requirements? <input type="checkbox"/> YES <input type="checkbox"/> NO	Experienced learning difficulties in Math? <input type="checkbox"/> YES <input type="checkbox"/> NO
Experienced discipline problems? <input type="checkbox"/> YES <input type="checkbox"/> NO	Experienced learning difficulties in Reading? <input type="checkbox"/> YES <input type="checkbox"/> NO
Been tested or diagnosed with ADD/ADHD? <input type="checkbox"/> YES <input type="checkbox"/> NO	Been in any type of trouble with legal authorities? <input type="checkbox"/> YES <input type="checkbox"/> NO
Experienced learning difficulties in any other subject? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Please provide details on any of the above questions that were answered YES (you may attach a separate sheet if necessary):

Please describe this student's educational strengths: _____

Please describe this student's educational weaknesses: _____

Please describe any interests, talents, and abilities that this student has: _____

Family Enrollment Agreement

- If accepted, I/We agree that I/we will read and follow the school rules included in the Student Handbook of NDCA.
- I/we agree that I/we will take an active role in my child's education, including supporting my child's teachers, assuring that my child arrives to school on time, encouraging my child to complete all homework and classroom assignments in a timely manner, and allowing my child to participate in school activities such as field trips and other planned school functions.
- I/we agree that should I/we have a concern of any kind regarding NDCA and any associated party, that I/we will go through the proper channels to resolve the matter.
- I/we agree to cooperate with school staff regarding discipline of my/our child.
- I/we understand that all new students, including my/our own, are required to take an entrance exam and will be on a 30-day probation period to determine if NDCA is the right fit for my/our child.
- I/we agree that weekly parent and child church attendance, Bible study, and prayer are necessary components to a spiritual healthy life and will assure that my family strives for these components.

Father/Guardian Signature _____

Mother/Guardian Signature _____

Date _____

Responsible Party for Bill

I agree to pay all tuition payments, before and after school care charges, and any other fees in a timely manner. If applicable, I will also pay for my child's lunches in a timely manner.

Individual responsible for Bill (please print name) _____

Signature _____

Relationship to students _____