

**NEW LIFE CHRISTIAN ACADEMY  
INTEREST FORM  
GRADES 1-8**

Date\_\_\_\_\_

Grade applying for\_\_\_\_\_

Please fill out one form for each child for whom you wish to begin the enrollment process. Completing this form will place your child on the waiting list if the class is full. This form is only for children who will be entering grades 1-8. Please note: This is only an interest form and does not guarantee enrollment. You will be contacted by our registration team to discuss further enrollment procedures.

Student's Name\_\_\_\_\_ Age\_\_\_\_\_ DOB \_\_\_\_\_

Gender: Male or Female (circle)

Parent or Guardian\_\_\_\_\_

Address Street\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Home Phone # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Any other phone number we may need to contact you \_\_\_\_\_

Last school attended\_\_\_\_\_

Has this child attended New Life Christian Academy before? Yes  No  If yes, when? (Year and Grade) \_\_\_\_\_

Has student ever been on the A Beka program before? Yes  No  If yes, when? (Grade) \_\_\_\_\_ What school? \_\_\_\_\_

If student is on a PACE program, which one? ACE  Alpha Omega   
Other \_\_\_\_\_

What are the student's current grades? All A's  A's & B's  A's-C's   
A's-D's  Failing

Reason for leaving current educational system \_\_\_\_\_  
\_\_\_\_\_

Has student ever been expelled or suspended from school? Yes  No   
If yes, explain briefly \_\_\_\_\_  
\_\_\_\_\_

What is the student's average conduct grade? \_\_\_\_\_

Has student ever been held back in any grade? Yes  No  If yes, what  
grade? \_\_\_\_\_

Has student been diagnosed with any learning disabilities? Yes  No  If yes,  
explain briefly \_\_\_\_\_  
\_\_\_\_\_

Does student routinely take any medication? Yes  No  If yes, please list  
medication and purpose \_\_\_\_\_

How did you hear about New Life Christian Academy? \_\_\_\_\_  
\_\_\_\_\_

Do you know any of our students or their parents? Yes  No  If yes, who? \_\_\_\_\_  
\_\_\_\_\_

Do you have any other children you need to enroll in any other class? Yes  No   
Name \_\_\_\_\_ Grade to enter \_\_\_\_\_  
Name \_\_\_\_\_ Grade to enter \_\_\_\_\_  
Name \_\_\_\_\_ Grade to enter \_\_\_\_\_

Why are you choosing Christian education? \_\_\_\_\_  
\_\_\_\_\_

Do you and your family attend church regularly? Yes  No  If yes, where?  
\_\_\_\_\_ How long? \_\_\_\_\_

Completed By \_\_\_\_\_