NORTH VALLEY CHRISTIAN SCHOOL

Application 2024-2025

Application for Admission

Grades K-12

Date: _____ Grade in September: _____

Student Name: _____
First Middle Last

Address: _____
Street City State Zip

Phone: _____

Date of Birth: _____ Birthplace: _____ Male ____ Female: ____

Pupil lives with: _____ Home Language: _____

Church affiliation: _____ Address: _____

School last attended: _____ Dates: _____

Address: _____
Street City State Zip

Reason for leaving: _____

Approximate GPA: _____ Other Schools Attended: _____

Is the student currently failing any classes? _____ Which one(s)? _____

Has the student ever received disciplinary action(s) by school or police officials? _____

What was the infraction? (i.e., fighting etc.) _____

If so, what was the action? (i.e., detention, suspension, expulsion or court proceedings) _____

_____

*Has student ever received educational or psychological testing, tutoring, remediation, or special educational services? _____

If so, what was the diagnosis? _____

What grade level(s) were services provided? _____

What services were provided? (i.e., Resource program, special day classes, speech, vision services, etc.) _____

_____

*Has student ever been placed on an Individualized Education Plan (IEP)? _____

If so, what was the IEP diagnosis and what services were recommended or received? _____

Date of last IEP meeting _____ Please supply NVCS with a copy of the most recent complete IEP.

*Is student taking any medications or receiving educational therapy? _____

If so, for what diagnosis? _____

*Please provide documentation of any tutoring, remediation or special services, IEP's, tutoring records, etc.,) with the completed application. Failure to disclose educational or psychological testing and/or remediation will result in the student's dismissal from NVCS.

Please complete both pages 1 and 2

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Family Information

Father/Guardian

Name: _____
First Middle Last

Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Profession/Position: _____ Email: _____

Business Name: _____ Phone: _____

Business Address: _____
Street City State Zip

Mother/Guardian

Name: _____
First Middle Last

Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Profession/Position: _____ Email: _____

Business Name: _____ Phone: _____

Business Address: _____
Street City State Zip

Have you applied to NVCS before? _____ If yes, what year? _____

How did you find NVCS? Internet _____ Banners _____

Referred by: _____ Other _____

Parents' Comments

What do you believe is your child's greatest strength? _____

_____

Please note any academic and/or social weakness of which we should be aware: _____

_____

What are you looking to be provided by NVCS for your child? _____

_____

Additional Comments: _____

Important Note: Any pertinent information not disclosed will result in non-acceptance or immediate dismissal from NVCS.

By my signature below, I certify that this information is true and correct to the best of my knowledge and belief.

Parent Signature: _____

Please complete both pages 1 and 2