



New Life Christian School

102 W Forest Ave, Olean NY 14760

Phone: 716 372-1987

website: www.nlcs.org

Dwight Coords, Headmaster

Enrollment Application: Application FEE \$50

This application does not assure final enrollment or placement, but provides information upon which a decision will be based. A non-refundable registration fee must accompany the application. You will be notified concerning an interview and entrance examination date.

STUDENT DATA

Date: ____/____/____

School Year: 201____ - 201____

Sex: M F

Student Name

Mailing Address Line 1

Mailing Address Line 2

City

State

Zip

(____)____ - ____
Telephone #

(____)____ - ____
Cell Phone #

____/____/____
Date of Birth

Last Grade Completed

Passport Number

Passport Expiration Date:

FAMILY DATA

Father's Name

Mother's Name

____/____/____
Date of Birth

____/____/____
Date of Birth

Occupation

Occupation

Employer

Employer

EDUCATION (please circle one)
HS College 1 2 3 4

EDUCATION (please circle one)
HS College 1 2 3 4

CHURCH DATA

Name of Church family currently attends

Name of Church student will attend in USA (if known)

Name of Pastor in USA

(_____)_____-_____
Church Telephone #

USA Church Address

City

State

Zip

Years Attending church in home country.

ENGLISH ABILITY

1. Has the student taken a TOEFL test? If so, what was the score? _____

2. List some English books that the student is capable of reading and has read.

MY FAMILY CURRENTLY ATTENDS THE FOLLOWING SERVICES REGULARLY:

Sunday School _____

Sunday Service: _____ am _____ pm

Midweek _____

Youth Group _____

Other _____

The following information gives us an overview of the child's experiences. Please complete this section in detail. Please use another sheet of paper if you want to explain your answers.

1. Has this child ever had any serious illness, injuries, or operations?
YES NO If yes, please explain:
2. Does this child have any present physical conditions which we should give special consideration in working with him/her?
YES NO If yes, please explain:
3. Date of child's last complete physical: ____ / ____ / ____
Sight/Hearing Exam: ____ / ____ / ____ Dental Exam: ____ / ____ / ____
4. Has this child ever been recommended for psychological, psychiatric, emotional, or behavioral testing or evaluation?
YES NO If yes, please explain:
5. Has this child ever received the above evaluations?
YES NO If yes, please explain:
6. Has this child ever been recommended for special education or learning disabilities evaluation or classes?
YES NO If yes, please explain:
7. Has this child ever been diagnosed with any learning disability, hyperactivity, attention deficit, etc.?
YES NO If yes, please explain:
8. Has anything ever happened to him/her that caused severe emotional upset?
YES NO If yes, please explain:
9. Does he/she relate well with other children? YES NO
10. The child's usual bedtime is _____, and he/she gets up at _____.
11. How many hours per day does he/she watch television? _____ Play video games? _____ Computer? _____
Who chooses the programs viewed? _____ Games played? _____ Computer activities? _____

12. Does he/she have any behavior habits which you are trying to correct? YES NO
If yes, what are they and what methods are you using to correct these behaviors? _____

13. What forms of discipline do you use in your home? _____

14. List some experiences he/she has had outside of the home (lessons, trips, etc.): _____

15. Is there an emphasis on reading in the home? YES NO
16. What special interest(s) does this child have? _____

17. What hobbies does your family enjoy doing together? _____

18. Has he/she ever repeated a grade? YES NO If yes, what grade? _____

19. Does the student want to attend NLCS? YES NO

20. Describe this child's attitude toward school: _____

21. Has he/she ever attended a Christian school? YES NO

22. List any difficulties your child may have had in school up to this time: _____

23. Is he/she currently taking any medication? YES NO
If yes, please list: _____

24. Has he/she ever been prescribed medication to control their behavior? YES NO

25. How does your child react when faced with a difficult situation? _____

26. Are you generally pleased with his/her choice of friends? YES NO

27. Has this child had a definite salvation experience? YES NO

28. Describe his/her attitude and responsiveness to spiritual teaching: _____

29. Has your child accepted Biblical standards in his/her own life because you insist on them, or because he/she wants them? _____

30. Why do you want your child to attend NLCS? _____

31. Has your child ever been suspended or expelled from school? YES NO
If yes, please explain: _____

32. Does he/she play an instrument? YES NO
If yes, what instrument? _____

33. Are they willing to play their instrument in a church or school band? YES NO

Name of school last attended

Grade applying to be accepted in at NLCS

School Address

TRANSCRIPT IN ENGLISH from SCHOOL needs to accompany application.

_____/_____/_____
Date of Salvation Experience (if known)

Please have the student answer the following questions on a separate paper. Please use this to write your best English as an example of the kind of paragraph you have the ability to write. We ask for one paragraph for each question.

1. Why do you want to attend NLCS?
2. Describe something that God has done in your life lately.
3. What do you personally want to accomplish in your life while attending NLCS (other than good grades)?
4. Are you willing to enhance your personal devotions, prayer, Bible reading and memorization while attending NLCS? Give example.

Thank you for your interest in New Life Christian School. Please feel free to add any information that you feel would help us in our acceptance decision. You will be notified of the next step of the application process after this application is reviewed. If you have questions, please call the school office; we would be glad to help you.

Financial Agreement

As parent(s) or guardians(s), I/we agree to pay the annual tuition required by NLCS for my child/children's education in full prior to enrollment. We understand that we are purchasing the educational services of NLCS, and that the tangible product of the services are the student's report cards and individual educational permanent transcripts for each child. Course records will only become part of the child's/children's permanent record if and when all financial obligations to NLCS are satisfied. Upon full payment, individual transcripts will be made current within ten (10) days of payment.

Parent's Signature

_____/_____/_____
Date

Foreign Pastor's Reference Form
For Application to New Life Christian School

Parent's Name _____

Applicant's Name _____

Passport # _____

The above named family and student have applied for entrance to New Life Christian School. We would appreciate your confidential comments on the applicant's maturity, stability, temperament, and Christian character.

Please keep in mind that the mission of New Life Christian School is to teach and train Christian students for maturity in the Lord. We have not been established to convert students to Christianity or to act as a reform school for the backslidden or spiritually rebellious student. Also, every child attending NLCS will affect their classmates and others.

Please complete this evaluation for the family and the student named and return to us as soon as possible. We cannot process this student's application until your evaluation is received.

Thank you for your help, and may God bless you richly.

1. Do you believe the applicant and family to be committed Christians? _____

2. How long have you been acquainted? _____

3. What special talents has he/she shown? _____

4. What leadership abilities has he/she evidenced? _____

5. Does he/she have any emotional, mental, or physical handicaps? _____

6. To the best of your knowledge, does he/she use drugs, alcohol, or tobacco in any form? _____

7. Would you recommend him/her, without reservation, for admittance to NLCS? _____

Additional comments regarding family:

Please check the following:

	Excellent	Good	Fair	Poor
1. Spiritual depth and maturity	_____	_____	_____	_____
2. Dedication to Christ	_____	_____	_____	_____
3. Christian standards	_____	_____	_____	_____
4. Ability to get along with others	_____	_____	_____	_____
5. Follows instructions	_____	_____	_____	_____
6. Cooperation	_____	_____	_____	_____
7. Teachability	_____	_____	_____	_____
8. General attitude	_____	_____	_____	_____
9. Health	_____	_____	_____	_____
10. Disposition	_____	_____	_____	_____
11. General appearance	_____	_____	_____	_____
12. Faithfulness to church	_____	_____	_____	_____
13. Faithfulness to youth activities	_____	_____	_____	_____

In your opinion, would the applicant be a(n) _____excellent, _____good, _____fair, _____poor addition to NLCS?

Please explain: _____

Date: _____/_____/_____

Signed: _____

Phone: (_____) _____ - _____

Address: _____

Occupation _____

Please add any information that would better enable us to evaluate this student: