



Northside Christian School
 809 E. Northern Avenue
 Crowley, Louisiana 70526
 337-783-3620 * Fax 337-788-34611
 www.ncswarriors.com

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Amount Received	_____
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Cash	_____
By Whom	_____

PLEASE PRINT

Student Enrollment Information Form/2019-2020

TO BE FILLED OUT BY ADULT ONLY

STUDENT GENERAL RECORD:

Date _____ Grade Entering _____
 First Name _____ Middle Name _____ Last Name _____ Suffix _____
 Goes By _____ Male ___ Female ___ Date of Birth ___/___/___ Social Security # _____

Child's Permanent Residence

Street Address _____ Apt. # _____ Home Phone () _____
 City _____ State _____ Zip Code _____ Cell Phone () _____
 ___ Caucasian-American ___ Hispanic ___ African-American ___ Asian/Pacific ___ American-Indian ___ Other _____

FATHER: ___ Birth ___ Step- ___ Grand- ___ Guardian **MARITAL STATUS:** ___ Married ___ Single ___ Widower ___ Separated ___ Divorced

Title ___ First _____ Middle _____ Last _____ Suffix _____
 Work Phone () _____ Ext. _____ Cell () _____
 Occupation (Title) _____ Employer _____
 Work Address _____ City _____ State _____ Zip Code _____
 Home Address _____ City _____ State _____
 Zip Code _____ Home Phone () _____ Email _____

MOTHER: ___ Birth ___ Step- ___ Grand- ___ Guardian **MARITAL STATUS:** ___ Married ___ Single ___ Widower ___ Separated ___ Divorced

Title ___ First _____ Middle _____ Last _____ Suffix _____
 Work Phone () _____ Ext. _____ Cell () _____
 Occupation (Title) _____ Employer _____
 Work Address _____ City _____ State _____ Zip Code _____
 Home Address _____ City _____ State _____
 Zip Code _____ Home Phone () _____ Email _____

OTHER SCHOOL-AGED CHILDREN IN THE FAMILY:

Name _____ Age _____ Grade _____ School _____
 Name _____ Age _____ Grade _____ School _____
 Name _____ Age _____ Grade _____ School _____
 Name _____ Age _____ Grade _____ School _____
 Name _____ Age _____ Grade _____ School _____

Please provide the following: Birth Certificate Social Security Card Immunizations
 Most Recent Report Card Standardized Test Scores

EMERGENCY CONTACTS/RESTRICTED PICKUP INFORMATION:

(☐ indicates copy of driver's license is on file.)

_____	_____ () _____	_____ ☐
Name/Relation to Student	Street Address/City/Zip Code	Phone Number Driver's License #
_____	_____ () _____	_____ ☐
Name/Relation to Student	Street Address/City/Zip Code	Phone Number Driver's License #
_____	_____ () _____	_____ ☐
Name/Relation to Student	Street Address/City/Zip Code	Phone Number Driver's License #
_____	_____ () _____	_____ ☐
Name/Relation to Student	Street Address/City/Zip Code	Phone Number Driver's License #

ADDITIONAL INFORMATION FOR NEW STUDENTS ONLY

Please state your reasons for selecting **Northside Christian School** _____

What is the name of the last school the student attended? _____

Has the student ever repeated a grade or grades? _____ If yes, please explain. _____

Has the student ever been expelled or dismissed from another school? _____ Yes _____ No If yes, please list date and school, along with an explanation on an additional sheet of paper. _____

Has the student ever been denied admission to a school? _____ Why? _____

Has the student ever been tested or received special help for a reading or learning disability? _____ Yes _____ No
If yes, please discuss and include a copy of any available report.

Has the student ever been diagnosed for or enrolled in any special education program or special school? (e.g., resource room, L.D. placement, attention deficit, etc.) _____ Yes _____ No. If yes, please explain. _____

Does the student regularly require any medication? _____ Yes _____ No. If yes, please explain. _____

Please list any allergic reactions your child has had: _____

Please furnish any additional information that would assist us in understanding the student applicant. _____

What do you see are your child's greatest needs?

Spiritual _____

Behavioral _____

Academic _____

Social _____

How do you see yourself being involved in the educational process of your child? _____

What do you see as your child's strengths? _____

Please explain below why you want your child to attend Northside Christian School. _____

STUDENT'S SPIRITUAL RECORD:

Home Church

Name _____ Address _____ Denomination _____

Church now attending _____ Phone _____

Senior Pastor _____ Youth Pastor _____

Have you accepted Jesus Christ as your personal Lord and Savior? _____ Year _____

Have you received the baptism in the Holy Spirit with the evidence of speaking on other tongues? ___ Yes ___ No. Year _____

If no, are you open to this experience? ___ Yes ___ No. Have you been water baptized? ___ Yes ___ No. If yes, what year? _____

Are the student's parents' active members of Northside Assembly of God? ___ Yes ___ No

Father Christian? ___ Yes ___ No. Mother Christian? ___ Yes ___ No.

Do you attend one service per week at your church? ___ Yes ___ No

PARENTAL AGREEMENT

TRANSPORTATION and FILMING AGREEMENT

I do _____ do not _____ give **Northside Christian School** permission to transport my child for planned school activities and field trips away from school property. I further agree to hold the school and its agents harmless for any liability to my child because of any injury or alleged injury to my child where negligence is not shown. If legal action, should, for any reason, be taken against **Northside Christian School** or its agents or employees, on behalf of my child, and the school or its agents not be found at fault, I agree to pay any attorney fees, court costs, damages, or other costs **Northside Christian School** may incur to defend itself against such action.

I do _____ do not _____ give **Northside Christian School** permission to use photographs or filming of my child on its website, in brochures, or in slide shows to promote its program to the community.

These **Transportation and Filming Agreements** will be effective for as long as my child(ren) attend(s) **Northside Christian School**.

_____	_____
Date	Father/Male Legal Guardian Signature
_____	_____
Date	Mother/Female Legal Guardian Signature

PARENTAL TERMS OF AGREEMENT

By signing below, I agree to support all rules and regulations of the school in my child's behalf and authorize the school to employ such discipline, as it deems wise and necessary for my child. I also agree to pay my financial obligations and any late fees assessed should my payments become delinquent.

I understand and agree that **Northside Christian School** reserves the right to dismiss my child at the discretion of the administration.

I acknowledge that all information furnished is complete and accurate.

_____	_____	_____	_____
Date	Father/Male Guardian Signature	Date	Mother/Female Guardian Signature

_____	_____
Driver's License Number	Driver's License Number

NOTICE OF NON-DISCRIMINATORY POLICY

Northside Christian School admits students of any race, color, national and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, scholarship programs, athletic and other school administered programs.

STUDENT QUESTIONNAIRE: (For Grades 7-12 Only.)

Have you used drugs, alcohol, tobacco, or been involved in improper sexual activity? ___ Yes ___ No. If yes, please explain:

What are your favorite subjects:

Why do you feel you should be accepted as a student at Northside Christian School?

If you are accepted as a student at Northside Christian School, what type of student would you be?

What are some goals that you have your life?

Student Signature

Date

Father or Guardian Signature

Date

Mother or Guardian Signature

Date

The signatures of **BOTH PARENTS ARE REQUIRED** unless you are a single parent!