



NORTHRIDGE CHRISTIAN ACADEMY

APPLICATION PROCESS

We appreciate your interest in applying to NorthRidge Christian Academy. If you have questions at any time during the application process, please contact us at (863) 422-3473 for assistance.

Step One – A Completed Application Packet

A completed application packet includes the following:

- | | |
|--|--|
| _____ Completed Enrollment Application | _____ Copy of Student's Social Security Card |
| _____ New Application Fee (\$100, non-refundable) | _____ Copy of both parent's driver's license |
| _____ Certified Birth Certificate (office will make copy) | _____ Proof of Legal Guardianship** |
| _____ Most recent Standardized test results | _____ Transcript Release (<i>will be faxed by NCA</i>) |
| _____ Previous Report Cards (last two years) (<i>must include current school year</i>) | _____ Confidential Recommendation Form* |

* Recommendation Form should be completed by the prior school and returned directly to NCA by mail or fax. A Pastor may complete this if there is no prior school.

** If student does not reside with parents please provide proof of guardianship.

Step Two – Testing Procedure

Entrance testing is administered to every applicant at NorthRidge Christian Academy. The School Office must receive the above documents **before** testing or interviews may be scheduled.

Step Three – Interview Procedure

After the previous Steps have been completed, you will be contacted regarding the testing results. These results may be given during a family interview or over the phone.

A family interview will be conducted, as determined by the Principal, either at some point during a school tour or a meeting held separately.

After completion of all of the above, your application will be sent to our Admissions Committee and you will be notified in writing as to your child's acceptance. If your child meets the admissions requirements but there are no spaces currently available in that grade, you will be given an opportunity to keep your application active in the waiting pool.

Step Four – Enrollment

Upon acceptance, you will receive forms to be completed and returned to the admissions office. Students are not considered officially enrolled until all items below have been received.

- | | |
|--|--|
| _____ Notarized Medical Treatment Form | _____ Registration Fee (\$100.00 non-refundable) |
| _____ Florida State Immunization Record - FL DH 680 | _____ Tuition payment for 1st month |
| _____ Florida State Physical Form 3040 - Physical exam within 12 months prior to entrance. | _____ Financial Agreement |
| _____ Image and Technology Opt-Out Form (if needed) | _____ SUFS Scholarship Approval Letter (provided by SUFS to eligible families) |
| _____ Emergency Card | _____ Parent/Student Agreement |



NORTHRIDGE CHRISTIAN ACADEMY

(Date of Application)

(Current Grade of Student)

Student Application

Circle Grade Student is Applying for: K 1 2 3 4 5 6 7 8 Information on Extended Care Needed

Student Name: _____
(Last Name) (First Name) (Middle Name) (Preferred Name)

Student's Home Address: _____
(Street) (City) (State) (Zip Code)

Mailing Address (if different): _____
(Street) (City) (State) (Zip Code)

Date of Birth: ___/___/___ Age: _____ Gender: ___ Male ___ Female

Social Security # _____ - _____ - _____ Home Phone: _____

Home E-mail: _____ (this address will be used for primary communication to family)

Ethnicity: Is your child Hispanic or Latino? *(Please, mark only one.)* (Required Information for Florida Department of Education)

- No, my child is not Hispanic or Latino
- Yes, my child is Hispanic or Latino -- A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Race: Check at least one. (Required Information for Florida Department of Education)

- ___ African American/Black ___ American Indian/Native Alaskan ___ Asian
- ___ Caucasian ___ Native Hawaiian or Pacific Islander

NorthRidge Christian Academy will admit students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. We will not discriminate on the basis of race, color, national and ethnic origin in the administration of our educational and admission policies, nor in our scholarship, athletics or other programs.

Enrollment Agreement

My signature below indicates that I have read, understand, and agree with the **ENROLLMENT AGREEMENT** in making the application for my child to attend NorthRidge Christian Academy.

1. I agree to support the standards of NCA in every area of its philosophy and policies including spiritual, academic, behavioral, dress, and disciplinary, and to maintain the basic principals of biblical morality in my home.
2. My family will faithfully attend an evangelical church.
3. Full cooperation, compliance, and a good attitude are expected from me and my family. I will resolve any disagreement using the Matthew 18 principal and always treat the school faculty and staff with respect.
4. I agree to assume the responsibility for my child's education by actively partnering with the school, supervising homework, being an encourager, and keeping in regular contact with my child's teacher(s).
5. I agree to attend teacher-parent conferences to discuss my child's spiritual, academic, and social progress.
6. I agree to support NCA to the best of my ability through attendance and participation in the various school activities, and through prayer, time, and financial gifts.
7. I understand that my child, if accepted, will not be enrolled until the Registration Fee has been paid.
8. I agree to be personally responsible for all financial obligations incurred at NorthRidge Christian Academy.
9. I understand that some students appear in school promotional materials such as pictures and videos. I give my permission for my child to participate if selected.
10. NorthRidge Christian Academy reserves the right to refuse any application or to dismiss any child at any time for unacceptable work or conduct, or for any other reason it deems necessary. Neither this application nor payment of fees is considered to be binding upon NorthRidge Christian Academy.

(Father's Signature)

(Date)

(Mother's Signature)

(Date)



NORTHRIDGE CHRISTIAN ACADEMY

Family Information

PRIMARY FAMILY (Student's primary residence)

FATHER/STEPFATHER

Name: _____
 Relation to Student: _____
 Home Phone #: _____
 Occupation: _____
 Employer: _____
 Work Phone #: _____
 Cell Phone #: _____
 Email: _____
 Social Security #: _____
 Contact in emergency? ___ Yes ___ No
 Allowed to pick up child? ___ Yes ___ No

MOTHER/STEPMOTHER

Name: _____
 Relation to Student: _____
 Home Phone #: _____
 Occupation: _____
 Employer: _____
 Work Phone #: _____
 Cell Phone #: _____
 Email: _____
 Social Security #: _____
 Contact in Emergency? ___ Yes ___ No
 Allowed to pick up child? ___ Yes ___ No

SECONDARY FAMILY (if different from above)

FATHER/STEPFATHER

Name: _____
 Relation to Student: _____
 Home Phone #: _____
 Occupation: _____
 Employer: _____
 Work Phone #: _____
 Cell Phone #: _____
 Email: _____
 Social Security #: _____
 Contact in emergency? ___ Yes ___ No
 Allowed to pick up child? ___ Yes ___ No

MOTHER/STEPMOTHER

Name: _____
 Relation to Student: _____
 Home Phone #: _____
 Occupation: _____
 Employer: _____
 Work Phone #: _____
 Cell Phone #: _____
 Email: _____
 Social Security #: _____
 Contact in Emergency? ___ Yes ___ No
 Allowed to pick up child? ___ Yes ___ No

RESPONSIBLE PARTY (if different from PRIMARY)

PLEASE INDICATE THE PERSON TO CONTACT REGARDING FINANCIAL MATTERS.

Name: _____
 Relation to Student: _____
 Home Phone #: _____
 Occupation: _____
 Employer: _____
 Work Phone #: _____
 Cell Phone #: _____
 Email: _____
 Social Security #: _____

This student has been approved for the following
 Tuition assistance program:
 ___ VPK (Four Year Olds)
 ___ ARBOR (Preschool and Afterschool Care)
 ___ Multiple Child Discount (preschool only)
 ___ Step Up For Students
 ___ NCA Private Grant



NORTHRIDGE CHRISTIAN ACADEMY

CUSTODY

Is Child Adopted? _____ Does Child Know of Adoption? _____

Parents are: Married Separated Divorced Single

Child Resides with: Both Parents Mother Father Other: _____

If child does not reside with both parents proof of guardianship and visitation must be on file.

SIBLINGS (please list all siblings of the prospective student)

Name: _____ Grade/Age ____/____ School: _____

Name: _____ Grade/Age ____/____ School: _____

Name: _____ Grade/Age ____/____ School: _____

Name: _____ Grade/Age ____/____ School: _____

Name: _____ Grade/Age ____/____ School: _____

How did you hear about NCA? _____

Referred By: _____

Briefly explain why you want your child to attend NorthRidge Christian Academy: _____

What expectations do you have of your child as a student of NorthRidge Christian Academy? _____

Academic History

Please list previous preschool or schools attended beginning with most recent:

School	Address	Phone	Grade(s) Attended	Reason for leaving

Have any grades been: ___ Skipped? ___ Repeated? If so, which grade(s)? _____

Has child ever been: ___ Suspended? ___ Expelled? ___ Referred to Administration for Discipline reasons?

Please Explain: _____

Has student ever been evaluated or referred for evaluation for learning difficulties? ___ Yes ___ No

Please give details of evaluation or attach a copy of the evaluation: _____

Failure to disclose information regarding academic issues may result in your application being revoked.



NORTHRIDGE CHRISTIAN ACADEMY

Spiritual Information

Have you accepted Jesus Christ as your personal Savior?

Father: ___ Yes ___ No Mother: ___ Yes ___ No Student: ___ Yes ___ No

What do you base your belief/faith on? _____

How often do you attend church? Father _____ Mother _____ Student _____

Name of Church: _____

Name of Pastor: _____

Denomination: _____

Doctrinal Statement

NorthRidge Christian Academy is a ministry of First Baptist Church of Haines City, Inc; doing business as "NorthRidge Church." The church and school are a part of the Southern Baptist Convention whose heart is best described by a passion to reach our world with the hope found only in a personal relationship with Jesus Christ. A detailed description of our doctrinal statement is available through the church office or can be read in its entirety at the following web address: www.sbc.net/bfm/bfm2000.asp.



NORTHRIDGE CHRISTIAN ACADEMY

Transcript Release

Student:

Last Name

First Name

Grade

Previous School Attended: _____

Address: _____

Phone: _____

Fax: _____

Please provide the following information to our admissions office so that we can complete the enrollment process:

- Grades for this school year
- Any standardized test scores
- Any psychological, counseling, and/or discipline reports
- Any IEP or 504 documentation
- Official transcript
- Recommendations from teachers, counselors, and principal
- Medical records
 1. Immunization card – (HRS DH 680)
 2. Student Health Examination – Physician’s Medical Statement (HRS – H Form 3040)
- Copy of birth certificate

Sincerely,

Lisa Graffious
Administrative Assistant

Parent permission is not required to transfer student records from one educational institution to another.



NORTHRIDGE CHRISTIAN ACADEMY

Confidential Recommendation Form – Prior School

I hereby authorize the release of the information requested on this Recommendation Form.

Signature of Parent/Legal Guardian

Name of student candidate: _____ Grade Applying for: _____

To: Teacher/Counselor/Principal

The above named student is an applicant for NorthRidge Christian Academy that offers K1 - 12^h grade. In an effort to determine whether our facility can provide a successful academic experience for the candidate, we would appreciate you supplying the information requested below. We thank you in advance for assisting us in this endeavor and your prompt return of the completed form would be a great help to us. We would appreciate your observations about the candidate on the form below by checking the appropriate areas.

Academic Ability

- Exceptionally promising
- Fine student
- Capable of passing work
- Marginal ability
- Questionable motivation
- Poor academic risk

Initiative and Drive

- Outstanding
- Well above average
- Generally strong enough
- Occasionally weak or lacking
- Very weak

Conduct and Neatness

- Outstanding
- Generally excellent
- Good or acceptable
- Marginal or unappealing
- Poor

Integrity

- Exceptionally upright
- Noticeably upright
- Upright, no cause to question
- Weak or questionable
- Record of dishonesty

Personal Qualities

- Outstanding young person
- Considerable appeal, generally quite strong
- Generally okay (no strengths or weaknesses)
- Immature
- Unstable, very immature

Goals and Responsibility

- Takes responsibility
- Usually dependable
- Just "gets by"
- Little interest in education
- Unreliable

Relationships

- Well liked
- Liked
- Tolerated
- Avoided by others

Emotional Stability

- Exceptionally stable
- Well balanced
- Usually well balanced
- Excitable or unresponsive
- Hyper-emotional or apathetic



NORTHRIDGE CHRISTIAN ACADEMY

Recommendation as a student

- ___ Outstanding
- ___ Excellent
- ___ Good
- ___ Fair
- ___ Poor

Recommendation as a person

- ___ Outstanding
- ___ Excellent
- ___ Good
- ___ Fair
- ___ Poor

We would appreciate your response to the following questions as they relate to the applicant.

1. What do you think is the greatest strength of this student?
2. What do you think is the main shortcoming of this student, if any?
3. How do you view the student's ability to lead and influence others constructively?
4. Is the candidate in good standing and eligible to re-enter your school if you offer the next grade level? Yes___ No___
5. Has the candidate been involved with tobacco, alcohol, or drugs? Yes___ No___
6. Has the applicant any physical, social, or emotional limitations? Yes___ No___
7. Are the parents/guardians cooperative? Yes___ No___
8. Are all accounts paid in full for this family? Yes___ No___
9. Is the student's record with your school an accurate index of ability, or have outside circumstances interfered with academic achievement? (illness, home situation, etc.)
Yes___ No___
10. What suggestions can you give NCA to help this student be successful?
11. How long have you known the applicant? _____

Signature

Date

Name (Print)

Title

School

Phone

Thank you for your help and cooperation in this matter. Please return the completed form as soon as possible by mail or fax to 863-421-2582.



NORTHRIDGE CHRISTIAN ACADEMY

Academy Financial Agreement

- We agree to pay an Application Fee of \$100.00 for each new student that enrolls in NorthRidge Christian Academy. This fee is non-refundable and due when child is tested for enrollment. Returning students will pay \$100.00 Annual Registration Fee to hold their position in the school. All students must pay the balance of the annual registration fee on or before April 1st to secure their position for the school year. This fee is non-refundable should your child/children not attend.
- We agree to pay tuition as designated by the School Council, following the payment schedule set forth in the School Handbook and/or in the registration materials. Tuition can be prepaid annually (with a 5% discount) or by monthly installments. Tuition is due the 15th of every month designated on the payment schedule. We agree to pay a service charge of \$25.00 on all late tuition payments received after the 25th. All accounts are set up to be paid on a 10 month payment plan with the first payment being due August 15th and the last payment being due May 15th. If parent wishes to participate in any of the other available options they are required to notify the financial office prior to August 15th. Annual payments are due August 15th.
- We agree and understand that NSF checks will not be resubmitted. NSF checks, when returned to NCA, will be retained by the bank. A new check is to be written with an additional \$25.00 added to the original amount. If a second NSF check is received we will request that no additional personal checks be accepted for one year. A money order, cashier's check or cash will be accepted. We also understand that no post-dated checks can be accepted.
- We agree that if we are going to be late in making a monthly installment, we will notify the school financial office of our situation. If special circumstances arise and payments cannot be made on time, we will set up a conference with the school administration to make payment arrangements.
- We understand that tuition will not be refunded for student absence due to illness or other causes, or for students dismissed for violation of school policies. We also understand that parents or guardians shall be responsible for all breakage or damage to the school property caused by the student (s) over and beyond ordinary wear and tear. Should it be necessary to un-enroll from NorthRidge Christian Academy prior to the end of the academic year parents are responsible for the full tuition payment due up to and including the academic quarter in which they are withdrawn.
- We agree to pay all extra school fees where they apply including extended school child care fees, if any, on the first day of every week.
- We understand that scholarships and or NCA private grants do not cover the entire cost of my child's education. My parent responsibility is due on the same schedule as stated above and any additional requirements of the scholarship or grant will be completed. Should it be necessary to un-enroll parents will be responsible for additional fees that are not covered by scholarships and grants.
- We understand that NorthRidge relies upon tuition payments to help pay monthly operational costs; therefore, in the case of an outstanding account, a meeting with the school administration may be requested to make arrangements for the account to be brought up to date in a timely manner. We agree that if our account is outstanding at the end of any quarter of a school year, and no arrangements have been made with the school administration, our children forfeit their right to continue their education at NorthRidge until satisfactory payment arrangements have been made or the payment is made in full
- We agree to make all payments or fees due on or before the last day of school.
- We understand that report cards and transcripts will be held until sufficient payments have been received in the school office.
- We understand that this agreement is in addition to any guidelines and requirements outlines by tuition assistance programs and/or the Parent/Student Handbook.
- We acknowledge that the items stated above and below, as applicable, constitute one of two agreements, between the school and us and there are not other agreements oral or otherwise.
- We as parents/guardians of the applicant(s), do sincerely give our pledge to all items stated above, as applicable.

Print: _____
Parent or Legal Guardian

Print: _____
Parent or Legal Guardian

Signature: _____
Parent or Legal Guardian

Signature: _____
Parent or Legal Guardian

Date: _____

Date: _____



NORTHRIDGE CHRISTIAN ACADEMY

Parent/Student Agreement

We, the parents/guardians, who are accepting the challenge of training our child (ren) to love the Lord with all of their heart, mind and soul do state that the training described in God's word is the same training being carried on in the home. We also place our trust in NorthRidge Christian Academy to extend that training more completely.

We pledge that our family will try to show its sincere Christian purpose by attending church services at our own church or NorthRidge. Those of us that are members of NorthRidge are aware of the mission and goals of our church as outlined in Exploring Church Membership. We agree to abide by all of the school policies of NorthRidge as set forth in the Parent/Student Handbook and any additional policies established by the administration.

We agree that our children will participate in the Bible studies and all other parts of a Christian education that includes religion and memory work. We will encourage and help them as much as is deemed prudent with all their work.

We also invest in the authority of the school to discipline our child(ren) as outlined in the school discipline program. We understand that discipline allows teachers to teach and students to learn. We agree that we will cooperate and discipline our child in the home as needed.

We agree that, if for any reason our child does not respond positively to the established philosophy, purposes, practices and programs of the school, we will quietly withdraw our child.

We hereby authorize emergency medical care in the event of serious illness or accident as designated on the emergency form if parents cannot be reached.

We also agree to pay for any school property damage or loss by our child(ren). This shall include, but is not limited to, damage or loss to grounds, buildings, fixtures, furniture, equipment, books, paper, and supplies.

We acknowledge that the items stated above and below, as applicable, constitute one of two agreements, between the school and us and there are not other agreements oral or otherwise.

We acknowledge that we will abide by the Parent/Student Handbook.

We as parents/guardians of the applicant do sincerely give our pledge to all items stated above, as applicable.

Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____

As a student of NorthRidge Christian Academy, I agree to comply with the terms, conditions, laws and restrictions, as they pertain to students of NorthRidge Christian Academy.

Student Signature _____ Grade: _____ Date _____



NORTHRIDGE CHRISTIAN ACADEMY

ONLY RETURN THIS FORM IF YOU DO NOT WANT YOUR CHILD TO PARTICIPATE IN THESE AREAS.

Image and Technology Opt-Out Form

Student Name (please print) _____
Last Name First Name Grade

Students WILL HAVE the privileges listed below unless this Image and Technology Opt-Out Form is submitted by the Parent/Guardian.

Please place a check in the blank provided for each of the following items of which you DO NOT want your child to participate and sign at the end of this document.

1. _____ My child **DOES NOT** have my permission to be photographed or videotaped for school related activities. * By checking #1, your child's photograph will not be in the yearbook nor will he/she be videotaped for school activities.

In granting such permission, I (we) relinquish and give to the NorthRidge Christian Academy, Florida, all right to the images or negatives, and waive any right to compensation for the publication or other use of these materials.

2. _____ My child **DOES NOT** have permission to have work published on the Internet web site, identified by first name/first initial of last name. * By checking #2, your child's photo and name together will not be included in news about honors, awards, or accomplishments.

3. _____ My child **DOES NOT** have permission to access the School Network or the Internet. (Access to instructional software, local files, and teacher led activities, etc.) * By checking #3, your child will not be able to access important and valuable educational resources such as the school's library card catalog, instructional software, and resources for research and printing.

The Image and Technology Opt-Out Form will become a part of the student's cumulative record.

Parent/Guardian Name (s) _____

Parent/Guardian Signature(s) _____

Date _____



NORTHRIDGE CHRISTIAN ACADEMY

Medical Treatment Form

Being the parent or legal guardian of _____, (minor's name printed)
 I _____ (parent's name printed) do consent to any x-ray, anesthetic, medical, surgical, or dental diagnosis or treatment that may be deemed necessary for my child. Further, I understand that all efforts will be made to contact me prior to treatment. In the event I cannot be reached in an emergency, I give permission to Academy/Church Staff to make the decisions necessary for treatment. Should there be no Academy/Church Staff available, I give permission to the attending physician to treat my minor child. I further understand that the doctors, dentists, and other providers attending to my child will take all reasonable safety precautions during their care.

Further, as parent or legal guardian I am responsible for the health care decisions for my minor child and agree that my insurance plan is the primary plan to pay for the dental, medical, or hospital care or treatment that is given to my child. Any policy of the Academy or organization sponsoring this event will be used as the secondary coverage.

Allergies to food, medication, etc. (If none, so state)

Special Medical Conditions (If none, so state)

Family Physician _____ Phone No. _____
 Office Address _____

Parent/Guardian Name _____
(Please Print)

Parent/Guardian Home Address _____
(Street Address)

Home Phone _____ Work Phone _____ Cell Phone _____

Insurance Company _____ Policy/Group # _____

Parent/Guardian Signature _____ Date _____

State of Florida, County of _____

I hereby certify that the foregoing was executed before me this _____ day of _____ by _____, who personally known to me or who has produced _____ as identification and who did (did not) take an oath.

 Notary Public, State of Florida My commission expires _____