

STUDENT'S NAME: _____

**NEWMARKET AND DISTRICT CHRISTIAN ACADEMY
ENROLLMENT APPLICATION**

STUDENT INFORMATION

STUDENT'S NAME: _____
Surname First Name Middle

DATE OF BIRTH: _____ Male Female
Day/Month/Year

APPLYING FOR GRADE: _____

ADDRESS: _____
Street, R. R. #, Apt. # City/Town Postal Code

TELEPHONE: _____
Home Father's Business Mother's Business

Cell phone Father Mother EMAIL ADDRESS

SCHOOL LAST ATTENDED: _____
Name Telephone #

_____ Address

FATHER'S NAME: _____
Surname First

MOTHER'S NAME: _____
Surname First

STUDENT RESIDES WITH: Both Parents Mother Only Father Only
Other Please specify: _____

OF SIBLINGS _____ AGE(S) OF SIBLING(S): _____

HEALTH HISTORY (ANY SPECIAL NEEDS, ALLERGIES): _____

HOW DID YOU HEAR ABOUT NDCA? _____

WHY HAVE YOU CHOSEN NDCA? _____

SIGNATURE: _____ DATE: _____

FOR SCHOOL USE ONLY:

Date Rec'd: _____ Testing Date: _____ Interview Date: _____

Registration Fee Paid: Family Fee Paid:

Proof of Age: _____ Immunization: _____ Accepted for Grade: _____ Date Approved: _____