



Nashua Christian Academy

8 Franklin Street, Nashua, NH 03064
Phone: (603) 889-8892 Fax: (603) 821-7451

A non-refundable application fee is due with this form.

APPLICATION FOR ADMISSION

STUDENT INFORMATION

Application Date: _____ School Year ____ - ____ Applying for Grade: _____ Day Option (Pre-K/K): 4 days / 5 days

Student Name: _____
(Last) (First) (MI)

Gender: Male Female Age: _____ Birth Date: ____ / ____ / ____

Student Address: _____
(Address) (City/State/Zip)

Ethnicity (circle one): Caucasian Black Asian Hispanic Native American Other: _____

Lives with*: Both Parents Mother Father Other: _____

***If there are custody restrictions, please provide legal documentation.**

For High School Applicants Only Does student have a current passport? Yes No

PARENT/GUARDIAN INFORMATION

Father/Legal Guardian Information

Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Home #: (____) _____ Cell #: (____) _____ Work #: (____) _____

Email Address: _____

Employer: _____ Occupation: _____

Employer's Address: _____
(Address) (City/State/Zip)

Mother/Legal Guardian Information

Name: _____

Address (if different): _____ City: _____ State: ____ Zip: _____

Home #: (____) _____ Cell #: (____) _____ Work #: (____) _____

Email Address: _____

Employer: _____ Occupation: _____

Employer's Address: _____
(Address) (City/State/Zip)

CHURCH INFORMATION

Church Currently Attending: _____

Address: _____

Pastor: _____ Phone: _____

Youth Pastor: _____ Phone: _____

How often do you attend? Weekly Occasionally

Does the student attend regularly? Yes No

Has the student received Jesus Christ as his/her personal Lord and Savior? Yes No

GENERAL INFORMATION

Siblings:

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

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

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

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

Grandparent Information

Paternal Grandparents: _____ Address: _____

Maternal Grandparents: _____ Address: _____

ACADEMIC BACKGROUND

Current School Attending: _____

Address: _____ City: _____ State: ____ Zip: _____

If tuition was required, have you fulfilled all financial obligations? Yes No

Does the student currently have an IEP*? Yes No Has he/she ever had an IEP? Yes No
*(*Individualized Education Plan) If current, please provide a copy with this application.*

PARENT QUESTIONNAIRE

What are your child's greatest strengths?

What are your child's greatest needs?

Spiritual

Behavioral:

Academic:

Why would you like your child to attend NCA?

How did you find out about NCA? _____

Were you referred by a current family? Yes No If so, by whom? _____

NON-DISCRIMINATION POLICY

NCA is committed to a policy of non-discrimination on the basis of race, color, gender or nation of origin in the administration of its educational and admissions policies, athletic programs or any other school administered program.

We hereby affirm that all information contained herein is true and accurate to the best of our knowledge. We understand that providing false information, or withholding information, could result in the rejection of this application.

Father/Guardian Signature _____ Mother/Guardian Signature _____

STUDENT QUESTIONNAIRE (Grades 6 through 12)

Name: _____ Grade: _____

Why would you like to attend NCA?

How would you describe yourself as a student?

As a Christian?

What do you see as your greatest strengths?

In what area(s) can NCA help you grow?

NCA requires its students to abstain from the use of drugs, alcoholic beverages, and tobacco. Will you make a commitment to abstain?

Yes No

NCA promotes supervised group coed activities and encourages purity and courtship as opposed to 1:1 dating. Will you commit to follow these guidelines? Yes No

Signed: _____ Date: _____