



The International Christian Leadership Institute – a division of Nashua Christian Academy
 8 Franklin Street, Nashua, NH 03064
 Phone: (603) 889-8892 Fax: (603) 821-7451

The \$200 international application fee & a color copy of student's passport must accompany this form.

APPLICATION FOR ADMISSION

STUDENT INFORMATION

Application Date: _____ School Year _____ - _____ Applying for Grade: _____ Birth Date: ____ / ____ / ____

Student Name: _____ Country of Birth: _____
(Last) (First) (MI)

Gender: Male Female Age: _____ Email Address: _____

Student's Foreign Address: _____
(Street) (City) (State or Province)

_____ Country of Citizenship: _____
(Country/Zip)

Lives with*: Both Parents Mother Father Other: _____

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

PARENT/GUARDIAN INFORMATION

Father/Legal Guardian Information

Name: _____

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

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

Email Address: _____

Employer: _____ Occupation: _____

Employer's Address: _____
(Street) (City/State or Province/Country/Zip)

Mother/Legal Guardian Information

Name: _____

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

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

Email Address: _____

Employer: _____ Occupation: _____

Employer's Address: _____
(Street) (City/State or Province/Country/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: _____

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.

I understand that in applying for Admission to NCA-ICLI, I am agreeing to pay the application Fee and appropriate deposits prior to I-20 Visa application being made on behalf of the student. I also understand that all tuitions and fees must be paid (Per payment option considerations) prior to beginning semester classes.

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 7 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: _____

Passion for God...Compassion for People



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INTERNATIONAL TUITION PAYMENT AGREEMENT

Responsible Party: _____

Address: _____
(Street) (City/State or Province/Country/Zip)

Student Name: _____ Entering Grade: _____

Student Name: _____ Entering Grade: _____

Student Name: _____ Entering Grade: _____

I understand that payment of the total amount remaining after my payment of the Application Fee and Deposit is due in full by August 1st year 1.

Two payment options are available in subsequent years:

- _____ Payment in full of all costs – tuition, fees, housing – by August 1st
- _____ Two payments (of half the total owed) by August 1st and December 1st, respectively

I agree to pay my tuition and costs for the school year according to the information indicated above.

 Responsible Party's Signature

 Date

 Agency Representative's Printed Name & Signature

 Date