



Developing Christlike Character
and Academic Excellence

NEW STUDENT APPLICATION

Date: _____

Name of Student _____
Last Name First Name Middle Name

Date of Birth _____ Age _____ Grade Applying For _____ Gender (M/F) _____

Name of Parents _____ Phone Number _____

Last school child attended _____

Address of school _____

Do you plan to have this student attend Isaac Newton Christian Academy for the full year? _____

Has this child ever repeated any grades? _____ If so, please explain. _____

Has this student ever been tested, diagnosed or enrolled in any special education program or special school (e.g. Resource room, reading difficulty, learning disability, attention deficit disorder, etc.)?

Describe any physical disabilities this child may have (asthma, heart, hearing, speech problems, nervous condition, etc.)

Does this child need to wear eyeglasses? _____ If so, at all times? _____

Does this child have any character traits you feel a teacher should be aware of in advance? _____

Who will be home when the child returns home each day from school? _____

What hobbies or special interests does this child have? _____

What restrictions, if any, are placed on his or her television viewing/video game playing? _____

Does this child have a set bed time? _____ If so, what time? _____

Please give any information which will help the teacher and the school to best educate your child if this child is accepted into school enrollment.

The following is to be filled out by the student if he or she is applying for sixth, seventh or eighth grade.

Are you a Christian? _____ If so, please share your testimony. _____

Are you willing to be governed by all the rules of this school and to cooperate wholeheartedly in the school program? _____

Pupil's Signature