

1355 Ross Hill Rd P.O. Box 404 Fortuna, CA 95540 Phone: 707.725.9136 Fax: 707.725.1638 www.newlifefortuna@gmai.com

Equipped to stand - Ephesians 6:13

Thank you for your interest in New Life Christian School! We are excited to welcome you, your family, and new student(s) to our family. Our mission is to facilitate the academic, social, and spiritual development of each student. We want to partner with you to ensure your child is cared for and prepared for the future.

#### **Application Process**

- Complete this Application Packet.
- Read the New Life Christian School Handbook and the School Fees & Family Requirements Page.
- Return completed Application Packet to the school office.
- Make an appointment for an interview. We would like to meet you the parent/guardian and the applicant(s).

Please, have these forms filled out and turned into the school office

Admissions Application

- Medical Treatment Consent Form
- □ Identification and Emergency Information Form (LIC 700) □ Traveling Permission Form
- Media Release Form
- G Suite for Education Account Form
- □ Volunteer Driver Form
- Student Conduct Contract (5th-12th grades)
- Parent's Commitment Form
- Student (5th-12th grades) and Parent Questionnaires
- $\Box$  Copy of most current immunization records
- Copy of birth certificate

Your interview appointment is \_\_\_\_\_



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## **Admissions Application**

#### STUDENT INFORMATION

| Last Name                          | First Name                 | Mide               | lle Initial | Preferred Name |
|------------------------------------|----------------------------|--------------------|-------------|----------------|
| Date: / Curren                     | nt Grade:                  |                    |             |                |
| Age: Date of Birth:                | // Birth I                 | Place:             |             |                |
| Home Address:                      |                            |                    |             |                |
| Home Address: Street               | (Apt. Number)              | City S             | tate        | Zip Code       |
| Mailing Address:Street/P.O. box    | (Ant Number)               | City               | State       | Zip Code       |
|                                    |                            |                    |             | •              |
| Student Telephone/Cell: (          | _)                         | Home Langu         | age:        |                |
| Nationality: 🗌 White 🗌 Asian 🗌     | African American 🗌 Hispai  | nic                |             |                |
| □ Native American □                | ] Multi-Racial 🗌 Native Ha | waiian/Pacific Isl | ander FAN   | 11LY           |
| FAMILY INFORMATION                 |                            |                    |             |                |
| Student lives with: Both Parents   | s                          | rent 🗌 Mother 🗌    | Father 🗌    | Grandparent(s) |
|                                    | Parents divorced/separated |                    |             | • • • •        |
|                                    | arried  Father remarried   |                    |             |                |
| Preferred daytime telephone for Pa |                            |                    |             |                |
| Email for Parent/Guardian:         |                            |                    |             | —              |
| Other children under 18 years of a |                            |                    |             |                |
| Name                               | Birthdate                  | School Attendi     | ng          |                |
|                                    |                            |                    |             |                |
| Custodial Father's Name:           |                            | Em                 | ployer:     |                |
| Home Address:                      |                            |                    |             |                |
| Mailing Address:                   |                            |                    |             |                |
| Custodial Mother's Name:           |                            | En                 | nployer:    |                |
| Home Address:                      |                            | Ph                 | one Numb    | er:            |
| Mailing Address:                   |                            |                    |             |                |
| Non-Custodial Parent's Name:       |                            | Er                 | nployer:    |                |
| Home Address:                      |                            | Ph                 | one Numb    | er:            |
| Mailing Address:                   |                            |                    |             |                |

#### IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

| CHILD'S NAME   | LAST                                   |                       | MIDDLE        | FIF   | RST          | SEX        | TELEPH  | IONE           |
|--|--|-----------------------|---------------|---|--------------|------------|---------|----------------|
| ADDRESS  | NUMBER                                 | STREET                |               | CITY  | STATE        | ZIP        | BIRTHD  | )<br>ATE       |
|  |  |                       |               |   |              |            |         |                |
| FATHER'S/GUARDIAN'   | S/FATHER'S DOMESTI                     | C PARTNER'S NAME L    | AST N         | MIDDLE                                      | FIRST        |            | BUSINE  | SS TELEPHONE   |
| HOME ADDRESS   | NUMBER                                 | STREET                |               | CITY  | STATE        | ZIP        | (       |                |
| HOME ADDRESS   | NOWIDEN                                | STREET                |               | GIT   | SIALE        | ΣIF        | HOME    | relephone<br>) |
| MOTHER'S/GUARDIAN  | 'S/MOTHER'S DOMES                      | TIC PARTNER'S NAME L  | AST MIDDLE    |   | FIRST        |            | BUSINE  | SS TELEPHONE   |
|  |  |                       |               |   |              |            | (       | )              |
| HOME ADDRESS   | NUMBER                                 | STREET                |               | CITY  | STATE        | ZIP        | HOME    | ,<br>TELEPHONE |
|  |  |                       |               |   |              |            | (       | )              |
| PERSON RESPONSIBI  | E FOR CHILD                            | LAST NAME             | MIDDLE        | FIRST                                       | HOME TELE    | PHONE      | BUSINE  | SS TELEPHONE   |
|  |  |                       |               |   | ()           |            | (       | )              |
|  |  | ADDITION              | AL PERSONS WH | O MAY BE CALLED                             | IN AN EMERG  | ENCY       |         |                |
|  | NAME                                   |                       |               | ADDRESS                                     |              | TELEPHO    | NE      | RELATIONSHIP   |
|  |  |                       |               |   |              |            |         |                |
|  |  |                       |               |   |              |            |         |                |
|  |  |                       |               |   |              |            |         |                |
|  |  |                       |               |   |              |            |         |                |
|  |  |                       |               |   |              |            |         |                |
|  |  | PHYSIC                | IAN OR DENTIS | T TO BE CALLED IN                           | AN EMERGEN   | СҮ         |         |                |
| PHYSICIAN  |  |                       | ADDRESS       |   | MEDICAL PLAN | AND NUMBER | TELEPH  | IONE           |
|  |  |                       |               |   |              |            | (       | )              |
| DENTIST  |  |                       | ADDRESS       |   | MEDICAL PLAN | AND NUMBER | TELEPH  | )              |
| IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN? |  |                       |               |   |              |            |         |                |
|  | CALL EMERGENCY HOSPITAL OTHER EXPLAIN: |                       |               |   |              |            |         |                |
| (CHILI   | ) WILL NOT BE ALL                      |                       |               | RIZED TO TAKE CHI<br>VITHOUT WRITTEN AUTHOP |              |            | ED REPR | ESENTATIVE)    |
| NAME   |  |                       |               | RELATIONSHIP                                |              |            |         |                |
|  |  |                       |               |   |              |            |         |                |
|  |  |                       |               |   |              |            |         |                |
|  |  |                       |               |   |              |            |         |                |
|  |  |                       |               |   |              |            |         |                |
|  |  |                       |               |   |              |            |         |                |
|  |  |                       |               |   |              |            |         |                |
| TIME CHILD WILL BE (   | CALLED FOR                             |                       |               |   |              |            |         |                |
| SIGNATURE OF PARE  | NT/GUARDIAN OR AUT                     | HORIZED REPRESENTATIN | /E            |   |              |            | DATE    |                |
|  |  |                       |               | ADMINISTRATOR/F                             |              |            |         |                |
| DATE OF ADMISSION  | IU DE COM                              | FLETED DT FAC         | ILIT DIRECTOR |   |              |            |         | IJEE           |
|  |  |                       |               |   |              |            |         |                |



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### **Medical Treatment Consent Form**

| Student Name  | Grade                  | Date                                     |
|---|------------------------|--|
| I, the parent/guardian of the above student, give consent to New Life Christian<br>emergency medical assistance to my child. I authorize New Life Christian<br>faculty, to administer such medical treatment as is necessary for the health<br>accept the responsibility of any expense incurred. I will not hold New Life<br>employees accountable for any causes of action, damages, or injuries. | School, by and welfare | and through its<br>e of my child. I will |
| Parent/Guardian Name:   |                        |  |
| Parent/Guardian Signature:  |                        |  |
|   | Date: _                | //                                       |
|   |                        |  |
| My child has the following allergies/disease that New Life Christian personnel should be aware of:  | ı School an            | d medical                                |
|   |                        |  |
| Student Physician Name:   |                        |  |
| Student Physician Telephone:  |                        |  |
|   |                        |  |



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### **Travel Form**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Please check one of the following:

I, the parent/guardian of the above student,

DO grant permission

DO NOT grant permission

to participate in field trips and special events within city limits conducted away from the normal premises of New Life Christian School / Great Beginnings Preschool. Being fully aware that New Life Christian School / Great Beginnings Preschool will do everything in their ability to provide safety and assistance for my child, I will not hold New Life Christian School / Great Beginnings Preschool and/or the faculty responsible for any injury or physical harm that might result in the participation of such activities.

Parent / Guardian Signature:

Date:\_\_\_\_/\_\_\_/\_\_\_\_



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## **G** Suite For Education Account Form

At New Life Christian School, we use G Suite for Education, and we are seeking your permission to provide and manage a G Suite for Education account for your child. G Suite for Education is a set of education productivity tools from Google including Gmail, Calendar, Docs, Classroom, and more used by tens of millions of students and teachers around the world. At New Life Christian School, students will use their G Suite accounts to complete assignments, communicate with their teachers, sign into their Chromebooks, and learn 21st century digital citizenship skills. The notice below provides answers to common questions about what Google can and can't do with your child's personal information, including:

- What personal information does Google collect?
- How does Google use this information?
- Will Google disclose my child's personal information?
- Does Google use student personal information for users in K-12 schools to target advertising?
- Can my child share information with others using the G Suite for Education account? Please read it carefully, let us know of any questions, and then sign below to indicate that you've read the notice and give your consent. If you don't provide your consent, we will not create a G Suite for Education account for your child.

I give permission for NEW LIFE CHRISTIAN SCHOOL to create/maintain a G Suite for Education account for my child and for Google to collect, use, and disclose information about my child only for the purposes described in the notice below:

| Student Name:                   |       |   | Grade: |  |
|---------------------------------|-------|---|--------|--|
| Parent/Guardian's Printed Name: |       |   |        |  |
| Parent/Guardian's Signature:    |       |   |        |  |
|                                 | Date: | / | /      |  |

### G Suite for Education Notice to Parents and Guardians

This notice describes the personal information we provide to Google for these accounts and how Google collects, uses, and discloses personal information from students in connection with these accounts.

Using their G Suite for Education accounts, students may access and use the following "Core Services" offered by Google (described at https://gsuite.google.com/terms/user\_features.html):

- Gmail (including Inbox by Gmail)
- Calendar
- Classroom
- Contacts
- Drive
- Docs
- Forms

- Groups
- Keep
- Sheets
- Sites
- Slides
- Talk/Hangouts
- Vault

Google provides information about the information it collects, as well as how it uses and discloses the information it collects from G Suite for Education accounts in its G Suite for Education Privacy Notice. You can read that notice online at https://gsuite.google.com/terms/education\_privacy.html You should review this information in its entirety, but below are answers to some common questions:

#### What personal information does Google collect?

When creating a student account, NEW LIFE CHRISTIAN SCHOOL may provide Google with certain personal information about the student, including, for example, a name, email address, and password. Google may also collect personal information directly from students, such as telephone number for account recovery or a profile photo added to the G Suite for Education account.

When a student uses Google services, Google also collects information based on the use of those services. This includes:

- device information, such as the hardware model, operating system version, unique device identifiers, and mobile network information including phone number;
- log information, including details of how a user used Google services, device event information, and the user's Internet protocol (IP) address;
- location information, as determined by various technologies including IP address, GPS, and other sensors;
- unique application numbers, such as application version number; and
- cookies or similar technologies which are used to collect and store information about a browser or device, such as preferred language and other settings.

#### How does Google use this information?

In G Suite for Education **Core Services**, Google uses student personal information to provide, maintain, and protect the services. Google does not serve ads in the Core Services or use personal information collected in the Core Services for advertising purposes.

# Does Google use student personal information for users in K-12 schools to target advertising?

No. For G Suite for Education users in primary and secondary (K-12) schools, Google does not use any user personal information (or any information associated with an G Suite for Education Account) to target ads, whether in Core Services or in other Additional Services accessed while using an G Suite for Education account.

#### Can my child share information with others using the G Suite for Education account?

We may allow students to access Google services such as Google Docs and Sites, which include features where users can share information with others or publicly. When users share information publicly, it may be indexable by search engines, including Google.

#### Will Google disclose my child's personal information?

Google will not share personal information with companies, organizations and individuals outside of Google unless one of the following circumstances applies:

- With parental or guardian consent. Google will share personal information with companies, organizations or individuals outside of Google when it has parents' consent (for users below the age of consent), which may be obtained through G Suite for Education schools.
- With NEW LIFE CHRISTIAN SCHOOL G Suite for Education accounts, because they are school-managed accounts, give administrators access to information stored in them.
- **For external processing.** Google may provide personal information to affiliates or other trusted businesses or persons to process it for Google, based on Google's instructions and in compliance with the G Suite for Education privacy notice and any other appropriate confidentiality and security measures.
- **For legal reasons.** Google will share personal information with companies, organizations or individuals outside of Google if it has a good-faith belief that access, use, preservation or disclosure of the information is reasonably necessary to:
- meet any applicable law, regulation, legal process or enforceable governmental request.
- enforce applicable Terms of Service, including investigation of potential violations.
- detect, prevent, or otherwise address fraud, security or technical issues.
- protect against harm to the rights, property or safety of Google, Google users or the public as required or permitted by law.

Google also shares non-personal information -- such as trends about the use of its services -- publicly and with its partners.

#### What choices do I have as a parent or guardian?

First, you can consent to the collection and use of your child's information by Google. If you don't provide your consent, we will not create a G Suite for Education account for your child, and Google will not collect or use your child's information as described in this notice.

If you consent to your child's use of G Suite for Education, you can access or request deletion of your child's G Suite for Education account by contacting Ahna Hubner. If you wish to stop any further collection or use of your child's information, you can request that we use the service controls available to limit your child's access to features or services, or delete your child's account entirely. You and your child can also visit https://myaccount.google.com while signed in to the G Suite for Education account to view and manage the personal information and settings of the account.

#### What if I have more questions or would like to read further?

If you have questions about our use of Google's G Suite for Education accounts or the choices available to you, please contact [insert contact information for the school administrator]. If you want to learn more about how Google collects, uses, and discloses personal information to provide services to us, please review the G Suite for Education Privacy Center (at https://www.google.com/edu/trust/), the G Suite for Education Privacy Notice (at https://gsuite.google.com/ terms/education\_privacy.html), and the Google Privacy Policy (at https://www.google.com/intl/en/policies/privacy/).

The Core G Suite for Education services are provided to us under Google's Apps for Education agreement (at https://www.google.com/apps/intl/en/terms/education\_terms.html) [if school/district has accepted the Data Processing Amendment (see https://support.google.com/a/answer/2888485?hl=en), insert: and the Data Processing Amendment (at https://www.google.com/intl/en/work/apps/terms/ dpa\_terms.html)].



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### **Volunteer Driver Form**

We are excited to partner with you! The desire to serve and partner with New Life Christian School is considered part of our behavioral values and it is expected that the families of NLCS will make every effort to participate in the volunteer events. Here are some things for our volunteers to know:

- New Life Christian School wants to give the students a Christian environment. In order for us to keep this environment, we ask that those who volunteer be examples of Christian growth and maintain a lifestyle which is a Biblical role model for our students to follow, including abiding by the school's rules and dress code (1 Tim. 4:12, Tit. 2:7).
- Please, do not hesitate to communicate any problems to our staff! If any conflicts arise while volunteering, we will use the Matthew 18 principle.
- If you have any questions about what needs to be done while volunteering, do not hesitate to ask! We may not communicate fully and clearly, so please, ask.
- But mostly, enjoy helping the students (Eph. 6:7-8)!

California legislation makes automobile insurance compulsory. Please include a copy of your current insurance and a copy of your driver's license.

This form authorizes

Name

participating in school trips/events. Vehicle Information:

MAKE: \_\_\_\_\_\_YEAR: \_\_\_\_\_LICENSE NUMBER: \_\_\_\_\_

Current Proof of insurance

Be at least 25 years of age with a copy of driver's license

I hold an unrestricted driver's license and am authorized to drive in California. My vehicle is insured by a valid automobile liability insurance policy as required by California law. My vehicle described above is mechanically fit and there are seat belts in working condition for all passengers.

Signature Driver

Date

to transport students

I have authorized \_\_\_\_\_\_\_ to drive my vehicle to transport students participating in the school trip/event. He/She holds an unrestricted driver's license, is authorized to drive, and is insured as an operator under the vehicles liability insurance. The vehicle described above is mechanically fit and there are seat belts in working condition for all passengers.



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## **Student Conduct Contract**

New Life Christian School - 5th through 12th Grade Students A copy of this is to be signed yearly by all Students/Parents in the 5th through 12th grades. As a student of New Life Christian School, I pledge to uphold the high standards of Jesus Christ and New Life Christian School on or off campus (Deut. 6:17-18). I realize that attending this school is a privilege, and I will strive to live in such a way as to glorify God (Phil. 1:20).

Specifically, I will (please sign with student initials)

- 1. Abstain from the use or possession of illegal drugs, marijuana, alcohol, and tobacco (Rom. 13:13-14, Eph. 5:17-18).
  - 2. a. Not partake in, or encourage others to partake in, entertainment that will tear down what the Lord is seeking to build in me (Psa. 101:3). I realize that Satanis using this to promote rebellion toward God and what He stands for. *I will remember Philippians 1:8 in all my choices of entertainment*.
    - b. Abstain from accessing websites, phone-apps, and content on social media that does not adhere to the above guidelines. I will not encourage others to do so.
  - 3. Recognize the importance of what I say (Phil. 1:27) *both verbally, on social media, or by texting.* I will abstain from swearing, dirty or off-color jokes, gossip, and back-biting against authority and other students (Exo. 20:7, Eph. 5:4).
- 4. Conduct myself properly in my relationships with members of both sexes (Rom. 1:26-32). I will conduct myself in such a manner that there will be no question about my moral purity (Isa. 55:7, 1 Tim. 5:22, 4:12, Tit. 2:7).
- 5. I realize that I am representing Jesus Christ and this school while I am on or off school grounds (Phil. 2:14).
  - 6. Handle all negative feelings toward the staff and the school in a scriptural manner (Mat. 18, Lev. 19:16-18, Phil. 2:14). I will not discuss my negative feelings with other students or with any other person except my parents and the person with whom I have the issue. (7th-12th grade: I will attempt to solve issues myself by talking to the person concerned in a respectful manner.)
- 7. I am aware of the seriousness of plagiarism. (See detailed explanation in the Student Handbook.)
- 8. I understand that if I cannot live in agreement with what is stated above, that it may be necessary for me to be dismissed from school.
  - 9. I have read the electronic device policy (cell phone, etc.) and agree to abide by it.
  - 10. I have read and am aware of the Behavior Policy and Consequences.

Student Signature:

\_Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

| Parent/Guardian's | Signature: |
|-------------------|------------|
|-------------------|------------|



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## Parent/Guardian Commitment

- 1. We have read and understand the school's philosophy of Christian education and its statement of faith, and we are in agreement with the purpose and philosophy of New Life Christian School.
- 2. We, as parents, accept the challenge to "train up a child in the way he should go" (Proverbs 22:6), and we do state that this training will be carried on in the home. We place our trust in New Life Christian School to extend that training more completely.
- 3. We do hereby state that we have made a thorough investigation of the school's program, curriculum, discipline, dress code, etc., and we agree to make them our glad hearted choice for the coming school year.
- 4. We understand that we have an obligation to be actively involved in the education of our children. We agree to uphold and support the high academic standards of the school by providing a place at home for our child to study, and to give our child encouragement in the completion of homework assignments.
- 5. We will faithfully support the school through our prayers and positive attitude, and in keeping with Matthew 18:15, we are committed to giving a good report by sharing any complaints and negative comments only with the people involved. Unresolved issues will be taken care of by using the school's chain-of-command.
- 6. We understand that the standards of New Life Christian School do not tolerate profanity, obscenity in word or action, dishonor to the Holy Trinity and the Word of God, disrespect to the personnel of the school or continued disobedience to the established policies of the school.
- 7. We pledge that if, for any reason, our child does not respond favorably to the school, we will do everything in our power to cooperate with the school to help our child make the necessary adjustments (a nine week probation period is usually adequate for new students). If these adjustments cannot be made, then we agree to quietly withdraw our child (by the end of the 1st semester at the very latest).
- 8. We understand that assessments will be made to cover damages to the school, including breakage of windows, book damage, and abuse of other personal property.
- 9. We will support the school by involvement in Parent-Teacher Conferences, Open House, Parent-Teacher Fellowship activities, work days, and other school-sponsored meetings and activities.
- 10. We give permission for our child to take part in all school activities, including sports and school-sponsored trips away from the school premises. We understand that the school does not provide student medical insurance and that it is our responsibility to provide our own.
- 11. We understand and will fulfill our commitment to purchase \$350.00 in profit of scrip, sell \$360.00 worth of fundraising tickets, and commit to 24 or more hours of volunteer time. We understand that if we do not meet these goals, we will be required to pay the lacking amount.

We, as parents of the student applicant, do sincerely give our pledge to the above items. We understand that failure of the parents or child to comply with the established regulations and discipline, parental commitment, or failure to meet financial obligations will forfeit the student's privilege of attending.

Father's Signature

Mother's Signature

\*Both parents must sign if living at home

Date\_\_\_/\_\_/\_\_\_\_



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### Student Questionnaire Form

| Secondary Level (Grades 5th-12th)                                 |                                  |                |           |  |  |
|---|----------------------------------|----------------|-----------|--|--|
| To be filled out by   | the student applicant personally |                |           |  |  |
| Date: / /   |                                  |                |           |  |  |
| Full Name:  | III Name:Preferred Name:         |                |           |  |  |
| Age: Date of Birth: / /   | Current Grade:                   | Applying       | to Grade: |  |  |
| Address:  |                                  |                |           |  |  |
| Street  | City                             | State          | Zip Code  |  |  |
| Last School Attended:   |                                  |                |           |  |  |
| Is it your own personal desire to attend this scho                | ol? 🗌 Yes 🗌 No                   |                |           |  |  |
| What provoked your interest in New Life Christian                 | n School?                        |                |           |  |  |
|   |                                  |                |           |  |  |
| Have you had friends/family who have attended of                  | or currently attend? List up to  | four names.    |           |  |  |
| Where do you attend church?                                       |                                  |                |           |  |  |
| How often do you attend? Regularly Occ                            | casionally 🗌 Never               |                |           |  |  |
| Please mark any extracurricular activities you are interested in. |                                  |                |           |  |  |
| 🗌 Art 🗌 Computer Programming 🗌 Dran                               | na 🗌 Music                       |                |           |  |  |
| Student Government Woodworking                                    | Yearbook                         |                |           |  |  |
| Please mark any athletic programs you are intere                  | sted in.                         |                |           |  |  |
| 🗌 Archery 🗌 Basketball 🗌 Track 🗌 Volle                            | yball 🗌 Rodeo (applies only to   | o 6th-12th gra | ades)     |  |  |
| Have you won any special awards in school?                        | ] Yes 🗌 No                       |                |           |  |  |
| If so, what?  |                                  |                |           |  |  |
| Have you held any office position (i.e. student co                |                                  |                |           |  |  |
| If so, what?  |                                  |                |           |  |  |



#### Student Questionnaire Form Continued

| What are some of your favorite subjects?  |
|---|
| Have you ever been absent from school for a long period of time? $\Box$ Yes $\Box$ No                               |
| If so, explain:   |
| Have you ever had a suspension, expulsion, referral, or probation from school? $\Box$ Yes $\Box$ No If so, explain: |
| Have you ever, for any reason, been in trouble with school authorities?  Yes No with law enforcement?  Yes No       |
| If so, explain:   |
| Have you ever had difficulty with teachers or fellow students in a previous school? Yes No                          |
|   |
| Have you had any difficulties in your academics?  Yes  No   |
| If so, explain:   |
| What are solutions the school can accommodate to ensure nothing hinders your quality of work?                       |
| Have you read the New Life Christian School Handbook?  Yes  No  |
| Are there any rules or regulations in the handbook you wish could be changed? $\square$ Yes $\square$ No            |
| If so, what and why?  |
| What is your definition of a Christian?   |
| Are you a Christian?  Yes  No If so, when and how did you become a Christian?                                       |
| Student Signature: / /  |



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Equipped to stand – Ephesians 6:13

## Parent/Guardian Questionnaire Form

The following information is needed for the school records, and is being asked for in this way in order to insure accuracy. By drawing a line through the space or writing "none" in spaces not relating to you, we know you have not omitted anything.

| Student's full name:<br>Last  | First                            | Middle                            |
|---|----------------------------------|-----------------------------------|
| Last  | FIISL                            | Middle                            |
| State briefly your reason for changing school   | s and wanting your child enrolle | d in New Life Christian School:   |
| How, or from whom, did you hear about our s   | school?                          |                                   |
| Please state the student's special interests, s   | skills, or hobbies:              |                                   |
| How often does your family attend church?   | Regularly Occasionally ١         | Never                             |
| If so, what church(s) does your family attend?  | ?                                |                                   |
| Parent(s)/Guardian:   |                                  |                                   |
| Student:  |                                  |                                   |
| Is the student accustomed to prayer and Bib   | le reading in the home? 🗌 Yes [  | No                                |
| In what organizations is the student engaged  | !? (i.e. FFA, 4H)                |                                   |
| Has the student had any scholastic difficultie  | s in school? 🗌 Yes 🗌 No          |                                   |
| If applicable, include any information about h<br>has a 504 IEP, we must have a copy on file. | aving to repeat any grades or a  | cademic expulsion. If the student |
| Has the student had any disciplinary difficulty   | y in school? 🗌 Yes 🗌 No          |                                   |
| If so, explain:   |                                  |                                   |
| Are there any solutions that NLCS can accon   | nmodate?                         |                                   |

#### Parent/Guardian Questionnaire Form Continued

| Has the student ever had a suspension, expulsion, referral, or probation from school? $\Box$ Yes $\Box$ No<br>If so, explain: |              |          |       |  |  |
|---|--------------|----------|-------|--|--|
| Has the student had any involvement with drugs, smoking, or alcoholic beverages?  | ? 🗌 Yes 🗌 No | D        |       |  |  |
| If so, explain:   |              |          |       |  |  |
| Has the student ever been absent for a long period of time? $\Box$ Yes $\Box$ No  |              |          |       |  |  |
| If so, explain:   |              |          |       |  |  |
| Does the student have any physical, emotional, or other problems that may affect a  | attendance o | or behav | vior? |  |  |
| If so, explain:   |              |          |       |  |  |
| Does the student have any protective orders? $\Box$ Yes $\Box$ No   |              |          |       |  |  |
| If so, the school must have a copy on file  |              |          |       |  |  |
| Parent/Guardian's Name (Print):   |              |          |       |  |  |
| Parent/Guardian's Signature:  | _ Date:      | /        | _/    |  |  |