



**N**azarene  
**C**hristian  
**A**cademy

764 Hathaway Rd, New Bedford, MA 02740 • Tel. 508-992-7944, Fax 774-328-9513

## Application For Admission Grades 7-12

### Directions

Please fill in the required information and return this form to the applicant's guidance counselor. In addition to this form, the applicant should provide two supporting letters of recommendation (clergy, coach, youth leader, mentor etc.). The applicant's current school will submit a guidance recommendation form, teacher evaluation forms, previous year and current year grade reports/transcripts, supporting academic and accommodation information, attendance records, discipline/conduct records and any supporting information.

### Student Information

Name		Date of Birth ___/___/___	
Address	City/Town	State	Zip Code
Home Phone ( ) ___-___		Cell Phone ( ) ___-___	
Applying to Grade ___ 7 ___ 8 ___ 9 ___ 10 ___ 11 ___ 12			
Current School		Current Grade Level ___	
School Address	City/Town	State	Zip Code
School Phone ( ) ___-___		School Contact Person	

### Family Information

Parent/Guardian Name			
Address	City/Town	State	Zip Code
Home Phone ( ) ___-___		Cell Phone ( ) ___-___	
Email Address			
Employer			

### Sibling Information (optional)

Name	Grade	School
1		
2		
3		
4		

### Voluntary Information

Nazarene Christian Academy admits students and makes available to them its advantages, privileges and courses of study without regard to race, color, national origin, religious preference, gender, sexual orientation, disability or homelessness.

Completion of this section is voluntary. It may be completed in full, partially or applicant may choose to not complete any information within this section of the application. Information submitted voluntarily will not affect the outcome of admission to Nazarene Christian Academy.

Applicant's Race  
Asian Black or African American Hispanic Native American White Other (specify) \_\_\_\_\_

Primary Language spoken in the applicant's home \_\_\_\_\_

Special Learning Needs  
 Does the applicant have a Special Education Plan? Yes No (if "yes" please forward)  
 Does the applicant have a 504 Plan? Yes No (if "yes" please forward)

Currently received services  
 Title I Yes No Special Education Yes No ESL/Bilingual Yes No

Previously received services  
 Title I Yes No Special Education Yes No ESL/Bilingual Yes No

Last date of service \_\_\_\_/\_\_\_\_/\_\_\_\_

### Parent and Applicant Signatures

I hereby apply for enrollment to Nazarene Christian Academy. If accepted, I agree to abide by the rules and regulations of the school. I will do my personal best to achieve academically, socially and spiritually. **My signature acknowledges and authorizes the release of all information requested with this application.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

As the parent/guardian of the above applicant, I hereby approve this application. I further agree to provide the necessary time, cooperation and support needed to help my child to fulfill the academic, social and spiritual requirements of Nazarene Christian Academy. **My signature acknowledges and authorizes the release of all information requested with this application.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for your interest in Nazarene Christian Academy, please direct any questions to the school office via telephone (508) 992-7944 or email [guidance@ncacademy.org](mailto:guidance@ncacademy.org).

Please note: Incomplete applications or applications submitted without signatures, all required information and/or application fee will not be reviewed for admission. False or misleading information may result in a revocation of acceptance.

## To be completed by sending school

### Sending School Information

School Name	Guidance Counselor or School Official	School Phone Number ( ) ____ - ____ ext ____	
Street Address	Town/City	State	Zip Code
Email Address	School Web Address	School's Passing Grade ____%	

### Attendance and Discipline Information

#### Attendance record (please list the number for each):

- Excused absences Previous Grade  
 Unaccounted/unexcused absences Previous Grade  
 Tardy arrivals Previous Grade  
  
 Excused absences Current Grade  
 Unaccounted/unexcused absences Current Grade  
 Tardy arrivals Current Grade

Additional comments: \_\_\_\_\_  
 \_\_\_\_\_

#### Discipline record (please list the number for each):

- Detentions recorded Previous Grade  
 Suspensions recorded Previous Grade  
  
 Detentions recorded Current Grade  
 Suspensions recorded Current Grade

Additional comments: \_\_\_\_\_  
 \_\_\_\_\_

### Guidance Counselor Evaluation (Check One)

- Excellent:** Highly motivated student with excellent leadership skills, excellent work ethic, excellent citizenship/conduct  
 **Above Average:** Motivated, good attitude toward school and learning, good work ethic, good citizenship/conduct  
 **Average:** Successfully completes tasks, mostly attentive, good attitude toward school, follows directions  
 **Below Average:** Not motivated, attitude and motivation can be problematic, may not follow rules consistently  
 **Poor:** Not motivated to attend or complete school, attitude, behavior and work ethic are less than desirable

## Guidance Counselor Recommendation (Check One)

Nazarene Christian Academy is a private, college preparatory, non-denominational, non-profit, urban, Pre-School through 12<sup>th</sup> Grade institution. The school is funded through tuition, scholarships, donations and minimal district funding. Our goal is to offer the love of learning in an environment that supports students no matter their socio-economic background. We do our best to stand behind the belief that no student, who desires an education, should be turned away because of the finances of their family. This is a lofty, yet attainable goal when we partner with others. Over the years we have offered education, love and support to students from the homes of upper middleclass politicians to children who were homeless and food insecure. Bringing these different people together, under love and with the goal of their future has partnered not only the kids, but our communities. Our students HAVE walked hand-in-hand with people of all races, religions, genders, sexual orientations and socio-economic backgrounds. They are living partnership out loud!

### I recommend this applicant (check one)

- Enthusiastically and without hesitation  
 Highly recommend  
 Recommend  
 Recommend with some hesitation  
 Cannot recommend at this time

Additional comments:

---



---

Guidance Counselor \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

Email Address \_\_\_\_\_

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

## Guidance Counselor Checklist

Signatures:  Applicant  Parent/Guardian  Guidance Counselor

Guidance Counselor:  Evaluation  Recommendation

Records:  Previous Grade Academic Report  Current Grade Academic Report  
 Previous Grade Attendance Report  Current Grade Attendance Report  
 Previous Grade Discipline Report  Current Grade Discipline Report  
 Accommodations Summary (if applicable)  Supplementary Materials (if applicable)

## For NCA Office Use Only

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Placement Test Completed  Yes (Date \_\_\_\_/\_\_\_\_/\_\_\_\_)  No (Scheduled \_\_\_\_/\_\_\_\_/\_\_\_\_)  
 Application Complete  Yes  No Recommendation Forms Received  Yes  No  
 Application Fee \$200  Cash  Check  Credit Card  STAR Kids Waiver



764 Hathaway Rd, New Bedford, MA 02740 • Tel. 508-992-7944, Fax 774-328-9513

### To be completed by Recommender

Recommendation Form (Applicant Name: \_\_\_\_\_)

Recommender's Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

Email address \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_ How long have you known the applicant \_\_\_\_\_

Please share what you know about the applicant's strengths, challenges, contributions to the community and any additional information that will help us to better know this applicant.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please share interactions, exchanges or observations that speak to this applicant's character.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for taking time to complete this recommendation form.

Would you be willing to be contacted via phone or email regarding your recommendation of this applicant?

Yes (email)

Yes (phone)

I prefer to have this form stand as my final recommendation

Recommender Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please return this form and any supporting materials to Nazarene Christian Academy via email, fax or post mail.

Nazarene Christian Academy  
Attn: Admissions  
764 Hathaway Rd  
New Bedford, MA 02740

Fax (774) 328-9513  
Email [guidance@ncacademy.org](mailto:guidance@ncacademy.org)



764 Hathaway Rd, New Bedford, MA 02740 • Tel. 508-992-7944, Fax 774-328-9513

### To be completed by Recommender

Recommendation Form (Applicant Name: \_\_\_\_\_)

Recommender's Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

Email address \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_ How long have you known the applicant \_\_\_\_\_

Please share what you know about the applicant's strengths, challenges, contributions to the community and any additional information that will help us to better know this applicant.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please share interactions, exchanges or observations that speak to this applicant's character.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for taking time to complete this recommendation form.

Would you be willing to be contacted via phone or email regarding your recommendation of this applicant?

- Yes (email)
- Yes (phone)
- I prefer to have this form stand as my final recommendation

Recommender Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please return this form and any supporting materials to Nazarene Christian Academy via email, fax or post mail.

Nazarene Christian Academy  
Attn: Admissions  
764 Hathaway Rd  
New Bedford, MA 02740

Fax (774) 328-9513  
Email [guidance@ncacademy.org](mailto:guidance@ncacademy.org)