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Our school is a member of the Association of Christian Schools International.
Our school is accredited with Texas Association of Baptist School (ACTABS).



**APPLICATION FOR ADMISSION TO
NAZARENE CHRISTIAN ACADEMY
2001 EAST MAIN STREET
CROWLEY, TEXAS 76036**

**817-297-7003 fax 817-297-1509 www.fwf.org
2010-2011**

Parent Questionnaire:

The following is to be completed by parent or legal guardian and returned to the office prior to enrollment.

Returning Student ___ Yes ___ No Last Year Attended N.C.A. _____ Date of Application ___/___/___

School Year 20 ___ - 20 ___ Applying for Grade _____ Email Address: _____

Student's Name _____ Male ___ Female
Last First Middle

Address _____
Street City State Zip Code

Date of Birth ___/___/___ Place of Birth _____ Social Security No.: _____

Age _____* *Birth Certificate needed for Kindergarten Students

Ethnic Origin: ___ American Indian/Alaska Native ___ Asian/Pacific Islander ___ Black
___ Hispanic ___ Caucasian ___ Bi-racial

County of Residence _____ School district in which you reside _____

1. Father's Name (Mr./Dr./Rev.) _____
Address _____
Street City State Zip Code
Father's phone: Home _____ Work _____ Cell _____
Education: High School Graduate ___ Yes ___ No Years of College Completed _____ Degree _____
Father's Occupation/Position _____
Employer _____
Employer's Address _____
Street City State Zip Code

2. Mother's Name (Ms./Mrs./Dr./Rev.) _____
Address _____
Street City State Zip Code
Mother's phone: Home _____ Work _____ Cell _____
Education: High School Graduate ___ Yes ___ No Years of College Completed _____ Degree _____
Mother's Occupation/Position _____
Employer _____
Employer's Address _____
Street City State Zip Code

3. If there are other children in your family, please complete:
Name _____ Age _____ School _____
Name _____ Age _____ School _____
Name _____ Age _____ School _____

17. Has the student ever repeated a grade? Yes No Grade(s) _____
18. Has the student ever been treated for any type of learning disability, ADHD or emotional difficulties?
 Yes No If yes, please identify and explain. _____

19. Has student been diagnosed as having any of the following problems?
 Dyslexia Hand-eye Coordination Problems Visual Perception Other (If so, explain)

Has student been in any special education program? Yes No Grade(s) _____
If yes, please describe the program: _____

20. Describe the student's interests, talents, abilities: _____

21. List the subjects in which you believe your child excels. _____

22. List the subjects which you believe are difficult for your child. _____

23. *Is there any medical reason the applicant cannot participate in the physical education program?'
 Yes No If "yes", please explain _____

*A physical form and immunizations record is required of Kindergarten students.

24. Physician's Name and Telephone _____
Physician's Address _____
Street City State Zip Code

25. Dentist's Name and Telephone # _____
Dentist's Address _____
Street City State Zip Code

26. Emergency Contact Name and Telephone # _____
Contact's Address _____
Street City State Zip Code

27. If you have further information which may assist in the guidance of your child at NCA such as pertinent medical or other data the school should be aware of, please indicate below.

28. Please state your personal Christian Experience and Faith:
Father: _____

Mother: _____

29. Why do you want your child to enter Nazarene Christian Academy? _____

