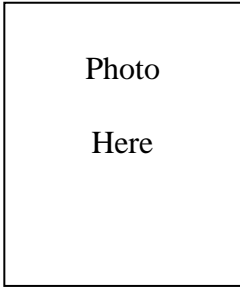




# Good News Christian Academy Application for Admission

13735 Hwy 64  
P.O. Box 211  
Dulce, NM 87528  
(575) 759-1390



INSTRUCTIONS: PLEASE FILL OUT THE ENTIRE FORM WITH THE EXCEPTION OF THE "OFFICE USE" BLANKS AND RETURN TO THE SCHOOL OFFICE WHEN COMPLETE. PLEASE PRINT.

## STUDENT PERSONAL INFORMATION

Legal name of student: Last \_\_\_\_\_ First \_\_\_\_\_  
Middle \_\_\_\_\_ Goes by \_\_\_\_\_  
Student Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birthrate \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_  
Birthplace: City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_  
Church Affiliation \_\_\_\_\_ Church member: Yes/No  
Sex: M/F Race \_\_\_\_\_ Grade level \_\_\_\_\_ Child number \_\_\_\_ of \_\_\_\_\_  
(OFFICE USE: Dates: Enrolled \_\_\_\_\_ Withdrew \_\_\_\_\_ Graduated \_\_\_\_\_)

## PARENT PERSONAL INFORMATION

### PARENT/GUARDIAN #1

Last name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Street Address \_\_\_\_\_ Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home phone \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Work phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Parent Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Relation to student \_\_\_\_\_ Lives with student: Yes/No Receives mail: Yes/No Pays bill: Yes/No  
Status: Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Remarried \_\_\_ Single \_\_\_ Widow (er) \_\_\_

### PARENT/GUARDIAN #2

Last name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Street Address \_\_\_\_\_ Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home phone \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Work phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Parent Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Relation to student \_\_\_\_\_ Lives with student: Yes/No Receives mail: Yes/No Pays bill: Yes/No  
Status: Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Remarried \_\_\_ Single \_\_\_ Widow(er) \_\_\_

NOTE: If one of the individuals who is listed above as a parent/guardian should not be contacted for some reason, please make note of that here by giving the name and a brief explanation.

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Give grade in which applicant is currently enrolled \_\_\_\_\_. Is the applicant currently holding a reservation at another school? Yes/no If yes, where? \_\_\_\_\_

How often has the applicant changed schools? \_\_\_\_\_. At what grade level (s)? \_\_\_\_\_ Give reasons. \_\_\_\_\_

Name of school(s) attended during the previous three years:

Name of School:

Complete Address:

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Has the applicant ever repeated a grade? Yes/No If yes, which grade(s)? \_\_\_\_\_ Give reasons for repeating. \_\_\_\_\_

Does applicant have any learning disability or has his previous school indicated a concern regarding this possibility? Yes/No  
If yes, please explain. \_\_\_\_\_

List any unusual factors in the applicant's life (i.e., absence of parent(s), relatives in the home, traumas, accidents, etc.) \_\_\_\_\_

Has student ever been suspended and/or expelled from school? Yes/No When? \_\_\_\_\_

Where? \_\_\_\_\_

Reason \_\_\_\_\_

### **OTHER CONTACTS**

NOTE: In case of emergency, parents and guardians will be contacted first unless stipulations to the contrary have been made. Please list alternates below in case a parent/guardian cannot be reached.

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

### **GENERAL INFORMATION**

Why have you chosen to enroll your child at GNCA? \_\_\_\_\_

Do both parents/guardians support the decision to send this student to GNCA? Yes/No If not, explain why. \_\_\_\_\_

**ADMISSIONS POLICY**

All students applying for grades 7-12 will be interviewed. Testing may be required if it is deemed necessary by the principal and/or administrator. All new students are enrolled on a nine-week trial period. This period gives the school administration an opportunity to evaluate the student’s spiritual attitude, academic achievement, and ability to discipline himself/herself. If the student is unable to perform on his/her grade level, it may be necessary to place him/her in a lower grade. If we find there are problems in other areas or we cannot help the student, he/she will be dismissed before the end of the nine-week period. If the student or parent does not agree or cooperate with the purpose and program of Good News Christian Academy, the student will not be admitted or allowed to remain in the school. Attendance at Good News Christian Academy is a privilege and not a right.

**STATEMENT OF COOPERATION**

IN MAKING THIS APPLICATION, I UNDERSTAND THAT:

1. It is my intention to have my child complete the school year.
2. No Refunds can be made on registration or in monthly tuition once my child has been accepted. Good News Christian Academy has the right to withhold report cards, diplomas, records, or transcripts of credits until all bills are paid in full.
3. I am giving my child permission to go on scheduled field trips and activities.
4. The teacher has full discretion in the classroom discipline of my child and the administration reserves the right to use corporal punishment when necessary.
5. The administration has full responsibility for placing my child in the proper grade.
6. My cooperation is expected in: (a) Regular tuition payments, (b) Practical help, (c) Faithful prayer, (d) Special Contributions as I am able to help.
7. The school reserves the right to dismiss any student who does not respect its spiritual standards or cooperate in the educational process.
8. At least one parent/guardian must attend an orientation meeting at the beginning of school.

**Signatures of both parents/guardians are preferred; however, one will be accepted.**

Father or guardian	Date
Mother or guardian	Date

A NON-REFUNDABLE REGISTRATION FEE MUST ACCOMPANY THIS APPLICATION IF A PLACE IS TO BE HELD FOR THE STUDENT.

<p><b>OFFICE USE ONLY</b></p> <p>Date: ____/____/____</p> <p>Entering Grade: _____</p> <p>School Year: _____</p>
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# STANDARD OF CONDUCT

Student's Name \_\_\_\_\_ Age \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ Grade \_\_\_\_\_  
Street City Zip

Parent's Name \_\_\_\_\_ Phone \_\_\_\_\_

The student's attitude, conversation, and behavior reflect the character of the institution from which he derives his training. This form reflects the school's attempt to secure students who would best adjust to the rigor of a highly disciplined training program characterized by high standards of personal conduct.

Do you attend church regularly? \_\_\_\_\_ Where? \_\_\_\_\_

Are you a Christian? \_\_\_\_\_ How do you know? \_\_\_\_\_

Do you accept the Bible as God's Word and submit yourself to its principles as the final authority? \_\_\_\_\_

Do you sincerely pledge allegiance to the Christian and national flag? \_\_\_\_\_

Have you ever smoked? \_\_\_\_\_ Do you now? \_\_\_\_\_ Do you drink alcoholic beverages? \_\_\_\_\_

Have you used narcotics of any kind? \_\_\_\_\_ Do you now? \_\_\_\_\_

Have you ever run away from home? \_\_\_\_\_

Will you promise not to draw, wear, or display in any way anti-Christian symbols? \_\_\_\_\_

Will you agree to dress in public according to modesty standards, being a consistent daily example, and not wear immodest clothing? \_\_\_\_\_

Girls: Will you honestly and in good spirit maintain the dress code of not wearing skirts above the knee, slit skirts or low cut or "see through" blouses? \_\_\_\_\_

Boys: Will you in good spirit keep your hair trimmed neatly according to the school code? \_\_\_\_\_

Will you honestly agree to keep all the school rules and respect authority without being critical and finding fault? (Read the handbook.) \_\_\_\_\_

Do you WANT to attend Good News Christian Academy? \_\_\_\_\_ Why? \_\_\_\_\_

## General Policy:

Students are expected to abide by these standards of conduct throughout their enrollment. Students found to be out of harmony with the school's ideals of work and life may be invited to withdraw whenever the administration determines that it is necessary.

As a student of Good News Christian Academy, I pledge to uphold this school's rules and guidelines stated in the school handbook. I will maintain behavior which exemplifies courtesy, kindness, morality, and honesty. I will strive to be of unquestionable character in dress, conduct, and other areas of life.

I agree to abide by the above standards of conduct and other regulations expected of each student enrolled in Good News Christian Academy while I am in attendance and will not give the impression to students, parents, or faculty that I am not in harmony with the goals, aims, and standards of the school.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Signature of Principal \_\_\_\_\_ Date \_\_\_\_\_

# MEDICAL HISTORY

IT IS MANDATORY that students who show symptoms of communicable disease be excluded from classes until he/she is cleared by a doctor for readmission. Your cooperation is greatly appreciated. Thank you!

Student's Name \_\_\_\_\_ Birth date \_\_\_/\_\_\_/\_\_\_ Sex \_\_\_\_\_  
Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

## PAST DISEASES (If your child has had any of the following, state his age when he had them.)

_____ Mumps	_____ Diphtheria	_____ Polio
_____ Measles	_____ Scarlet Fever	_____ Convulsions
_____ Whooping Cough	_____ Rheumatic Fever	_____ Heart Disease
_____ Asthma	_____ Chicken Pox	_____ Diabetes
_____ Hay Fever	_____ Pneumonia	_____ Discharging Ears
	_____ Syphilis	_____ Gonorrhea

## RECENT DISABILITIES (Please check any one of the following noted recently.)

_____ 4 or more colds yearly	_____ Fainting spells	_____ Hearing difficulty
_____ Frequent sore throat	_____ Abdominal pains	_____ Tires easily
_____ Poor vision	_____ Frequent urination	_____ Breath shortness
_____ Frequent leg pains	_____ Allergy	_____ Hernia (rupture)
_____ Dizziness	_____ Persistent cough	_____ Ringworm
_____ Frequent sties	_____ Speech difficulty	_____ Nose bleeding
_____ Dental defects	_____ Crippling conditions	_____ Growing pains

## IMMUNIZATION RECORD (Please give the date of each.)

_____ Smallpox – Scar?	_____ Whooping Cough	_____ Tetanus
_____ Schick Negative	_____ Diphtheria	_____ Typhoid
_____ Measles	_____ Polio	_____ *

Does your child have a disability due to disease or accident? \_\_\_\_\_  
Has your child had a skin test for tuberculosis? \_\_\_\_\_ Date administered \_\_\_\_\_  
Has he been associated with a tubercular patient? \_\_\_\_\_ When? \_\_\_\_\_

## PERSONAL RECORD (Please answer all of the following.)

Is he/she shy? _____	Overactive? _____	Bite fingernails? _____
Suck thumb? _____	Have excessive fears? _____	Have temper tantrums? _____
Like school? _____	Play well with others? _____	Eat breakfast? _____
When is his/her bedtime? _____	When is his/her rising time? _____	

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Doctor \_\_\_\_\_ Date \_\_\_\_\_

\*Please attach a copy listing inoculation and immunization series.  
\*\*All medical information must be approved and signed by the family doctor.  
\*\*\*This application must be accompanied by a report of a full physical signed by doctor.  
\*\*\*\*No student will be excused from P.E. without a written permit from a doctor.

**Good News Christian Academy**  
**\*\*Emergency Care\*\***

\_\_\_\_\_

Student

\_\_\_\_\_

School Year

I, \_\_\_\_\_, give my permission to Good News Christian Academy to take my child for medical attention in case of an accident or injury and I am not immediately available or such accident or injury is considered an emergency when time is of the essence.

Our family doctor is \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

My preference for emergency treatment is \_\_\_\_\_  
Hospital or Clinic

\_\_\_\_\_

Father

\_\_\_\_\_

Mother

Please list additional emergency contacts other than the contacts previously given:

Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

# STUDENT INTERVIEW FORM

A. Both parents and child – with student folder:

1. Review application
2. Friends already in – anticipating \_\_\_\_\_
3. Staff
4. Church policies
  - a. Transportation
  - b. Lunch
  - c. Financial arrangements
  - d. Dress codes, etc.
5. Church objectives: Christian training

<b>OFFICE USE ONLY</b>
DATE ____/____/____
NAME _____
AGE ____ GRADE ____

Comments: \_\_\_\_\_  
\_\_\_\_\_

B. With child:

1. Get acquainted
  - a. Info to remember \_\_\_\_\_  
\_\_\_\_\_
2. Attitudes noticeable
  - a. Toward you \_\_\_\_\_
  - b. Toward the school \_\_\_\_\_
  - c. Toward parents \_\_\_\_\_
  - d. Toward church \_\_\_\_\_

Comments : \_\_\_\_\_  
\_\_\_\_\_

C. With parents:

1. Attitudes noticeable \_\_\_\_\_
  - a. Towards church \_\_\_\_\_
  - b. Toward chapel \_\_\_\_\_
  - c. Toward discipline \_\_\_\_\_
  - d. Toward the school \_\_\_\_\_

D. Status:

1. Accepted
2. Rejected
3. Indecision
4. Probation

Signature of Interviewer: \_\_\_\_\_