

Newnan Classical School

P.O. Box 71427
Newnan, GA 30271
770-252-7223

REGISTRATION APPLICATION 2008-2009

TO PARENT OR GUARDIAN:

The following information is needed for the school records, and is requested in this way in order to ensure accuracy. Please write "none" in spaces not relating to you so we know you have not omitted anything.

Student's full name _____ Age _____ Applying for Grade _____
Last First M

Boy Girl Date of Birth _____, 19____ Birthplace _____

Present

Address _____
Street or Rural Route City State Zip

Children Reside with: Father Mother Grandparents Step-parent

Name of Father or Guardian _____ Home Phone _____

Employment _____ Business Phone _____

E-Mail _____ Cell Phone (M) _____ (D) _____

Name of Mother or Guardian _____ Home Phone _____

Employment _____ Business Phone _____

Grandparents _____
Name Address City State Zip

Grandparents _____
Name Address City State Zip

School last attended _____
Name Address City State Zip

Other children under 18 years of age living with the family:

Name Birth Date School Attending

How did you hear about Newnan Classical School?

Do student's parents/Guardians attend Church? _____ Father _____ Mother

What Church does the student attend? _____ Pastor _____

The following items must be received before scheduling an interview:

Application Form Pastoral Reference Form Application Fee

Standardized Achievement Test Last Report Card

Newnan Classical School admits students of any race, color and national or ethnic origin.

The following **Parent Questionnaire** will help us to understand your student's particular educational needs so that together we can determine how NCS can best meet these needs. Thank you for your time and patience in responding to these questions. **Please fill in every blank, using "NA" when not applicable.**

Student's name: _____ Date of Birth _____

Home Address _____ Telephone: _____

Student lives with: _____ Father _____ Mother _____ Both parents _____ Other (please specify) _____

School now attending: _____ Current grade _____

EDUCATIONAL EXPERIENCES

Please list schools your student has attended, beginning with Pre-K.

Grade:

School:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

When learning new concepts, is your student **best** motivated through visual presentation, oral instruction, or doing physical activities?

Does your student experience any special difficulties with learning? _____ Yes _____ No

Has an Individualized Education Plan (IEP) ever been devised for your student? _____ Yes _____ No

If yes to any of the two previous questions, you may explain your response in this space, or you may choose to discuss this during the interview.

Has your student ever been suspended or expelled from a school? _____ Yes _____ No

If yes, please explain: _____

Has your student ever repeated a grade? _____ Yes _____ No If yes, when? _____

MEDICAL HISTORY

Please list any medication your child regularly takes: _____

Has your student had any of the following?

- | | | |
|------------------------------------------------------|-----------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Ear Infection | <input type="checkbox"/> Poisoning | <input type="checkbox"/> Meningitis/encephalitis |
| <input type="checkbox"/> Difficulty sleeping | <input type="checkbox"/> Head Injury | <input type="checkbox"/> Coma |
| <input type="checkbox"/> Loss of consciousness | <input type="checkbox"/> Surgery | <input type="checkbox"/> High fevers |
| <input type="checkbox"/> Hospitalization for illness | <input type="checkbox"/> Visual defects | <input type="checkbox"/> Frequent sore throat |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Allergies | <input type="checkbox"/> Convulsions |
| <input type="checkbox"/> Other (specify) | | |
-

If yes to any, please explain:

Does your student have any on-going health problems? Yes No

If yes, please explain:

GENERAL INFORMATION

How would you describe your student's personality? Please check all that apply:

- | | | | |
|-----------------------------------------|--------------------------------------|---------------------------------------------|-------------------------------------|
| <input type="checkbox"/> Active | <input type="checkbox"/> Ambitious | <input type="checkbox"/> Self-confident | <input type="checkbox"/> Persistent |
| <input type="checkbox"/> Hard-working | <input type="checkbox"/> Nervous | <input type="checkbox"/> Impatient | <input type="checkbox"/> Impulsive |
| <input type="checkbox"/> Quick-tempered | <input type="checkbox"/> Excitable | <input type="checkbox"/> Imaginative | <input type="checkbox"/> Original |
| <input type="checkbox"/> Witty | <input type="checkbox"/> Calm | <input type="checkbox"/> Easily Discouraged | <input type="checkbox"/> Serious |
| <input type="checkbox"/> Good-natured | <input type="checkbox"/> Unemotional | <input type="checkbox"/> Shy | <input type="checkbox"/> Submissive |
| <input type="checkbox"/> Absent-minded | <input type="checkbox"/> Methodical | <input type="checkbox"/> Timid | <input type="checkbox"/> Lazy |
| <input type="checkbox"/> Dependable | <input type="checkbox"/> Reliable | <input type="checkbox"/> Cheerful | <input type="checkbox"/> Sarcastic |
| <input type="checkbox"/> Jittery | <input type="checkbox"/> Likable | <input type="checkbox"/> Leader | <input type="checkbox"/> Sociable |
| <input type="checkbox"/> Self-conscious | <input type="checkbox"/> Passive | <input type="checkbox"/> Outgoing | <input type="checkbox"/> Aggressive |
| <input type="checkbox"/> Melancholic | <input type="checkbox"/> Easy-going | | |

How would you describe your student's interaction with other students his/her own age?

How would you describe your student's interaction with adults?

PARENT COMMITMENT

1. We have read and understand the Newnan Classical School distinctives of an education that is Christ-centered and classical. We are in agreement with the purpose and philosophy of Newnan Classical School.
2. We have read and understand the Newnan Classical School Statement of Faith and agree to demonstrate a respect for the truths stated therein. We recognize that these truths will be unapologetically taught in various ways through all grade levels at Newnan Classical School. We recognize that the substance of these truths is that which will be considered primary doctrine at Newnan Classical School.
3. 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 authorize Newnan Classical School to extend that training to the school setting.
4. 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 whole-hearted choice for the coming school year.
5. 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 Newnan Classical School by providing a place at home for our child to study, and to give our child encouragement in the completion of assignments.
6. We will faithfully support the school through prayer and a positive attitude, and in keeping with Matthew 18:15, we are committed to giving a good report by sharing complaints only with the people involved. Un-resolved issues will be taken care of by using the school’s grievance policy.
7. We understand that the standards of Newnan Classical School do not tolerate profanity, obscenity in word or action, dishonor to the Holy Trinity or the Word of God, disrespect to the personnel of the school, or continued disobedience to the established policies of the school.
8. We acknowledge that discipline is necessary for the benefit of each student as well as for the entire school. We give permission to the teachers and administration to make and enforce school regulations in a manner consistent with Christian principles as set forth in the Scriptures. We further agree that we will cooperate and discipline our child in the home as needed.
9. 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 one-quarter probation period is usually adequate for new students). If these adjustments cannot be made, we agree to quietly withdraw our child.
10. We understand that assessments will be made to cover damages to the school, including breakage of windows, book damage, and abuse of personal property.
11. We will support the school through involvement in Parent-Teacher Conferences, Open House, PTF activities, work days, and other school-sponsored meetings and activities.
12. We give permission for our child to take part in all school activities, including sports and school-sponsored trips away from the school premises.
13. We understand and will punctually fulfill our financial commitment to pay for the educational services the school is providing for our child. We understand that report cards and standardized test results are not released if the account is in arrears for any reason.
14. 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 obligation will forfeit the student’s privilege of attending.

_____ Date _____
Father’s/Guardian’s Signature

_____ Date _____
Mother’s/Guardian’s Signature

Both parents must sign if living at home please.

PARENT(S) PERSONAL TESTIMONY

Newnan Classical School is a group of Christian parents who covenant together to share responsibility for the collective education of their children. THEREFORE, it is required that at least one parent (or guardian) be a professed Christian. Please, briefly give us your personal testimony of faith in Christ Jesus including an explanation of how you came to faith in Christ and how He continues to work in your daily life.

PASTORAL REFERENCE FORM

_____ has recently applied to attend Newnan Classical School for their child(ren). Since Newnan Classical School is a covenant school, our families work together with all of the children and other families. It is important that we obtain a reference of Christian character and church involvement. Your reference will be appreciated as well as your prayers for the above family as they are making decisions for their child(rens) education.

Please indicate with a (\checkmark) your confidential rating of the applicant. Thank you.

1. Parent's leadership in church activities.
Exceptional _ Average _ Unsatisfactory _ Not Known _
2. Child(ren) participates in Sunday School.
Exceptional _ Average _ Unsatisfactory _ Not Known _
3. Parents participate in adult church sponsored activities.
Exceptional _ Average _ Unsatisfactory _ Not Known _
4. Parents attend worship regularly.
Exceptional _ Average _ Unsatisfactory _ Not known _
5. Parents are members in good standing.
Yes _ No _
6. Are they under church discipline?
Yes _ No _
7. Length of acquaintance.

- Additional comments to clarify any of the above, please use the back if necessary.

Once again, we thank you for your pastoral reference and appreciate your prayers for the family and Newnan Classical School. If you have any questions please contact us at 770-252-7223.

Name _____

Title _____

Date _____

**Please return to:
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