



Registration Form

Family Information

Date _____ School Year _____

Family Address _____ City _____ Zip Code _____

If you would like correspondence via your work email please include below:

Home Phone _____ Home E-mail _____

Father's Name _____ Mother's Name _____

Employer _____ Employer _____

Occupation _____ Occupation _____

Work Phone _____ Work Phone _____

E-mail _____ E-mail _____

Cell Phone _____ Cell Phone _____

Does the child(ren) live with both natural parents? ____ Yes ____ No If no, give brief explanation:

Children applying to Northeast Christian Academy:

Legal Name _____ Birth date _____ M ___ F ___ Grade entering _____

Legal Name _____ Birth date _____ M ___ F ___ Grade entering _____

Legal Name _____ Birth date _____ M ___ F ___ Grade entering _____

Legal Name _____ Birth date _____ M ___ F ___ Grade entering _____

Name of church attending: _____

Reason for selecting this school: _____

School recommended by: _____

Northeast Christian Academy admits students of any race, color, national or ethnic origin.

Office Use Only

Acceptance: ____ Yes ____ No Conditional _____

Interviewer Signature _____