

New Beginnings Christian Academy
 7020 Ramona Blvd. Jax, FL 32205
 Phone: (904)786-3178 Fax: (904) 786-3328
 Website: https://nbcajax.com
 E-Mail: nbccjaxoffice@gmail.com
 School Year: 2023-2024



For Office Use Only

Date Application Received: _____ Payment Type (circle one): FES-EO FES-UA FTC Hope Self-Pay

RE-ENROLLMENT APPLICATION

Student Information

Student's Last Name: _____ First: _____ Middle: _____

Address: _____ City: _____ Zip: _____

Date Of Birth: ____ / ____ / ____ Gender: [] Male [] Female

Home Phone: _____

Does student have their own cell phone? [] Yes [] No

If yes, student cell number: _____

Does student have their own email address? [] Yes [] No

If yes, student email address: _____

Student Medical Information - Please list any and all physical limitations, medications, and/or allergies:

Does student require medication to be administered at school? [] Yes [] No

If yes, see Office Administrator for needed form. This includes over-the-counter medications like Tylenol or Ibuprofen.

Child's Physicians Name: _____

Physicians Phone Number: _____

Name of Preferred Hospital: _____

Health Insurance Provider: _____

Policy Number: _____

Parent/Guardian Information

Who has custody of the student? [] Mother [] Father [] Both Parents [] Other: _____

Who does the student live with? [] Mother [] Father [] Both Parents [] Other: _____

Please provide valid in Florida, updated legal court documentation if either parent is not allowed to have contact with the student or for information to be released to said parent.

Please highlight or circle the parent/guardian below you would like us to contact first if your student becomes sick, is injured, or has a behavioral issue that we need to address.

Mother/Guardian Information: Last Name: _____ First Name: _____

Address: _____ City/State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____ Secondary Email: _____

Father/Guardian Information: Last Name: _____ First Name: _____

Address: _____ City/State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____ Secondary Email: _____

Contact Information

Please list at least two (2) adults (relatives, friends, and/or neighbors) other than the first contact you identified with permission to remove your child from campus. Also, indicate if they can be called if an emergency arises and we cannot reach a parent/guardian.

Name: _____ Relationship to student: _____

Home Phone: _____ Cell Phone: _____

Name: _____ Relationship to student: _____

Home Phone: _____ Cell Phone: _____

Name: _____ Relationship to student: _____

Home Phone: _____ Cell Phone: _____

Agreements and Waivers

Please read each of the following sections carefully before signing.

Medical Treatment Release: In case of accident or serious injury, I request that the school contact me. If the school is unable to reach me, I hereby authorize the school to call the physician named in the Student's Medical Information section of this application and to follow their instructions. If it is impossible to contact the physician, the school may make whatever arrangements necessary and I will not hold the school financially liable for my child's care.

Parent/Guardian Signature: _____ Date: _____

State of Cooperation: In making application for my child, it is my desire to have him/her complete this school year. I also give permission for my child to take part in all school activities, including sports and school-sponsored trips away from the school premises, and absolve the school from liability to me or my child because of any injury to my child at school or during any school activity. I agree that lawsuits between believers are prohibited by Scripture and agree to submit to binding arbitration any matters that cannot be otherwise resolved.

Parent/Guardian Signature: _____ Date: _____

Parent Orientation/Open House/Award Ceremony Agreement: I understand that it is REQUIRED that at least one (1) parent attend the Parent Orientation at the beginning of each school year and the scheduled Open House in the fall. I also understand that at least one (1) parent is REQUIRED to attend at least 2 of the 4 Award Ceremonies.

Parent/Guardian Signature: _____ Date: _____

Dress Code Agreement: Students must wear NBCA uniforms at all times while on campus. Please see the Parent-Student Handbook for further details on our school dress codes.

Parent/Guardian Signature: _____ Date: _____

Cell Phone Agreement: Students are not allowed to have their cell phones during the school day. They will be picked up each morning and given back at the end of the day. If a student needs to call their parent/guardian, they must use the office phone. Any exception must get approval from the Administration of the school.

Parent/Guardian Signature: _____ Date: _____

Scholarships Agreement: Scholarship checks are sent to the school at a certain time each semester and the parent on the Affidavit must come in and sign the check within three (3) days of notification or student cannot return to school until the check is signed.

Parent/Guardian Signature: _____ Date: _____

NOTICE OF NONDISCRIMINATION AS TO STUDENTS

The New Beginnings Christian Academy admits students of any race, color, national, and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship, loan programs, athletic and other school administered programs.