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: 2026-2027

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 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.

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 turned in 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: You agree to log-in to EMA within seven (7) days of receiving invoice to approve payment each quarter. There are four (4) quarters in an academic school year. Failure to do so could result in your child not being allowed to attend school.

Parent/Guardian _____ 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.

NEW BEGINNINGS CHRISTIAN ACADEMY

FILMING AND PHOTOGRAPHY

OPT-IN/OUT

I, _____, grant permission New Beginnings Christian Center or New Beginnings Christian Academy to use photos or videos clearly depicting my child, _____ for yearbook, promotional or other ministry purposes. I will not hold New Beginnings Christian Center nor New Beginnings Christian Academy liable should my child appear on the internet for yearbook, promotional, or other ministry purposes.

_____ _____

Name of Minor (student) Name of Parent/Guardian (please print)

_____ _____

Signature of Parent/Guardian Date

_____

Address (Number, Street, Lot/Apt/Unit/Bldg, City, State, Zipcode)

I, _____, do not grant permission New Beginnings Christian Center or New Beginnings Christian Academy to use photos or videos clearly depicting my child, _____ on the internet for yearbook, promotional or other ministry purposes. However, ___ I do or ___ do not allow my child's photo to be used in the printed yearbook.

_____ _____

Name of Minor (student) Name of Parent/Guardian (please print)

_____ _____

Signature of Parent/Guardian Date

_____

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NEW BEGINNINGS CHRISTIAN ACADEMY

TESTIMONIAL OPT-OUT

This document is provided to both inform and request consent of the parent/guardian for the use of your school testimonial for ministry purposes. If you are not willing to consent to the use of your testimonial that includes your child in official NBCC and NBCA publications, please read, print, and sign this opt-out form and return it to the school office.

I, _____, hereby, deny the following rights and permissions to New Beginnings Christian Center and Academy, their legal representatives, and those acting, using, reusing, publishing, and republish testimonials of the minor named below or in which the minor may be included, in whole or in part, individually or in connection with other material, in any and all media now or hereafter known, including the internet, and for any purpose whatsoever including promotion, recruitment, advertising, and any commercial or non-commercial use. I understand and do not agree that all such testimonials, in whatever medium, shall remain the property of NBCC and NBCA.

I do not release nor discharge NBCC, their legal representatives, and those acting with or without their authority and permission from all claims that may arise out of or in connection with the use of the testimonials, including without limitation all claims for libel or violation of any right of publicity or privacy without my written consent.

I, _____, am a legally competent adult and a parent or legally appointed guardian of the minor named below and have the right to contract for the minor in this regard. I state further that I have read this document fully and understand the terms of this opt-out.

_____ _____

Name of minor (please print) Name of parent/guardian (please print)

_____ _____

Signature of parent/guardian Date

_____

Address (Number, Street, Apt/Lot/Bldg/Unit, City, Zip Code)

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New Beginnings Christian Academy

Uniform Shirt Order

2026-2027 School Year

Student's Name:	Date:

Please Note: Your scholarships will pay for five (5) polo shirts with NO additional cost to the parent/guardian. Any parent or guardian wishing to order addtional shirts will be responsible for the costs. Also, SWEATSHIRTS ARE NOT COVERED BY SCHOLARSHIP FUNDS. Parents/guardians are responsible for the costs of any sweatshirt ordered. Sweatshirt are paid for IN ADVANCE!

Imprinted Polo:	Number of Shirts Ordered _____	(Scholarship pays for 5)
	Number over scholarship: _____	($28.00 ea.) Parent Owes: $_____
		($30.00 ea. for sizes 3X and 4X)
	Extra Long Polos: _____	($30.00 ea) Parent Owes: $_____
		(3X and 4X are $33.00 each)
Black Sweatshirt	Number of Shirts Ordered:	(Scholarship pays for NONE - $28.00 ea.)
		(3X and 4X are $30.00 ea.)
		Parent Owes: $_____

Sizes:

Youth: XS ___ Sm ___ Med ___ Large ___ XL ___

Adult: Sm ___ Med ___ Large ___ XL ___ 2XL ___ 3XL ___ 4XL ___

NOTE TO PARENTS: Please allow enough room in shirt size for student's growth during the summer months. Also, be aware that shirt sizes vary from one manufacturer to another. Order a little larger than smaller. The Academy will NOT be able to absorb the cost for re-orders. Check your order twice to make sure you have ordered correctly. Please note that if the Academy makes the mistake, we will replace the shirts at no cost to the parent. This order will be kept in your student's file to guarantee order correctness.

I am the parent/guardian of the student named above. I agree that the order above is correct.

Signature: _____ **Date:** _____

NEW BEGINNINGS CHRISTIAN ACADEMY

February 1, 2026

Dear Parents,

You may know that the New Beginnings Christian Academy in Duval County has been participating in the E-rate program for the past 10 years. The E-rate program is a Federal program which provides schools and libraries across the country with substantial discounts on their technology services.

These discounts reduce the costs of our telephone service, Internet access, and the internal connections we use to build and maintain the computer networks that link our classrooms. The size of the discounts which we receive is based the income level of our student's families. Our local public library also benefits since it shares our discount rate. Discounts also save the district and taxpayers a substantial amount of money.

We need your help qualifying for the largest discount allowable by providing us with some very general information. ***Please take a minute to fill out and return the attached survey to Mrs. Garrett before March 27, 2026*** This information will remain confidential and will be reported only as a total group, not by individual families, and will not be used for any purpose other than E-rate. Please return the survey in an envelope to Mrs. Garrett. She will forward the confidential survey to Pastor Donna Holland, Chief Financial Officer of New Beginnings Christian Academy.

The income guidelines on the attached survey are the same as those used for participation in the Free and Reduced Lunch Program. However, since responses to the survey will be kept confidential, answering yes to any of the questions on the attached form will not make your children eligible to receive Free or Reduced price lunches, as New Beginnings does not offer a school lunch program.

Thank you for your participation in helping New Beginnings Christian Academy in Duval County stretch its resources to best serve all our students. If you have any questions, please call our office at 904-786-3178.

Thank you,
Mrs. Garrett

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E-Rate Family Survey – 2026/2027

Please complete and return the survey below. It is important that you return this form to us even if your income does not meet any of these criteria in order for the survey to be considered a valid measure.

(Please Print) Family Name _____

Street Address _____ City _____ State _____ Zip _____

I. Please attempt to answer the questions listed below. Skip any questions you don't know the answer to. Circle the number of people in your family on the chart below, including all children:

Family Size (circle one)	Annual Income	Monthly Income	Weekly Income
1	$ 28,953	$ 2,413	$ 557
2	$ 39,128	$ 3,261	$ 753
3	$ 49,303	$ 4,109	$ 949
4	$ 59,478	$ 4,957	$ 1,144
5	$ 69,653	$ 5,805	$ 1,340
6	$ 79,828	$ 6,653	$ 1,536
7	$ 90,003	$ 7,501	$ 1,731
8	$ 100,178	$ 8,349	$ 1,927
For each additional family member add:			
	+ $ 10,175	+ $ 848	+ $ 196

Is your family's income equal to or less than any of the amounts listed next to the number you circled? Yes _____ No _____

Are your children eligible for the NSLP (National School Lunch Program) which provides free or reduced lunches, breakfasts, snacks or milk at their school(s)? Yes _____ No _____

Is your family eligible for food stamps? Yes _____ No _____

Is your family eligible for medical assistance under Medicaid? Yes _____ No _____

Does your family receive Supplementary Security Income (SSI)? Yes _____ No _____

Does your family receive housing assistance (section 8)? Yes _____ No _____

Does your family receive home energy assistance (LIHEAP)? Yes _____ No _____

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II. To validate this survey, please list the names of all school children living in your home, including which school they attend.

Name of Child School Grade

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

Return completed survey to: Mrs. Garrett, who will forward the survey in an enclosed envelope to Pastor Donna Holland, Chief Financial Officer of New Beginnings Christian Academy. Remember, the results of this survey will be kept confidential. Call Mrs. Garrett at 904-786-3178 if you have any questions about filling out this form.

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