

New Beginnings Christian Academy

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School Year: 2026-2027

For Office Use Only

Date Application Received: _____ Student Start Date: _____ Payment Type: Scholarship: _____

NBCA Student # _____ Florida Student # _____ Scholarship Award ID Number: _____

APPLICATION FOR ENROLLMENT

Student Information

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

Address: _____ City: _____ Zip: _____

Date of Birth: ____/____/____ Gender: ☐ Male ☐ Female

Ethnicity: ☐ A. Indian ☐ Asian ☐ Black ☐ Hispanic ☐ White

Social Security #: _____ - _____ - _____ Is student a U.S. Citizen? ☐ Y or ☐ No

Home Phone #: _____ Is your child on a scholarship? Which scholarship?
____ Hope ____ FTC ____ FES-UA ____ FES-EO

Does student have their own cell phone? ☐ Yes ☐ No Student Cell Phone #: _____

Does student have their own email address? ☐ Yes ☐ No 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 Administrator for needed form.

Pediatrician: _____ Phone#: _____

Name of Preferred Hospital: _____

Health Insurance Provider: _____ Policy #: _____

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, update 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 ill, 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 #: _____ Text: ☐ Y ☐ N

Email address: _____ Email Address 2: _____

Mother's Social Security Number: _____ - _____ - _____

Spouse's name if other than student's father: _____

Employer: _____ Work Phone: _____

Church you attend: _____ Are you a member? ☐ Yes ☐ No

Are you a born again Christian? ☐ Yes ☐ No

Are you interested in volunteering? ☐ Yes ☐ No

Father/Guardian Information :

Last Name: _____ First Name: _____

Address: _____ City/State: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____ Text: ☐ Y ☐ N

Email address: _____ Email Address 2: _____

Father's Social Security Number: _____ - _____ - _____

Spouse's name if other than student's mother: _____

Employer: _____ Work Phone: _____

Church you attend: _____ Are you a member? ☐ Yes ☐ No

Are you a born again Christian? ☐ Yes ☐ No

Are you interested in volunteering? ☐ Yes ☐ No

Contact Information

Please list at least two (2) adults, over age 18, (relatives, friends, and/or neighbors) other than the parental contacts you identified on the previous page who have 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 #: _____ Contact ICE: ☐ Y ☐ N

Name: _____ Relationship to Student: _____

Home Phone #: _____ Cell Phone #: _____ Contact ICE: ☐ Y ☐ N

Name: _____ Relationship to Student: _____

Home Phone #: _____ Cell Phone #: _____ Contact ICE: ☐ Y ☐ N

Student's School History

Last School Attended: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Reason for withdrawal from previous school: _____

Please circle grade level at previous school: K5 1 2 3 4 5 6 7 8 9 10 11

Has your student repeated a grade? ☐ Y ☐ N Skipped a grade? ☐ Y ☐ N Home Schooled? ☐ Y ☐ N

Has your student ever been expelled or suspended? ☐ Y ☐ N If yes, please explain: _____

Has your student had any special testing? (Gifted, Learning Disability, ADD, ADHD, etc)? ☐ Y ☐ N

If yes, please describe and include a copy of the latest evaluation: _____

Do you have any outstanding debts with other schools? ☐ Y ☐ N Where? _____

Agreements & 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: _____

Statement 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 otherwise be 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. NBCA T-shirts will be worn only during PE, specified days and occasions. 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: _____

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.

