

Northshore Christian Academy

2012-2013 Student Registration

5700 23rd Drive West ~ Everett ~ WA ~ 98203-1570 ~ Phone: (425) 407-1119



Student Information:

Date Received *(For Office Use Only)*: _____

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

Date of Birth _____ Gender (M or F) _____ Grade Entering _____ New/Returning (N or R) _____

Home Mailing Address _____ City _____ State _____ Zip _____

Home Street Address *(if different)* _____ Home or Primary Phone *(including area code)* _____ Primary Email Address _____

Father/Step-Father/Guardian: *(Student Resides With)*

(Circle Appropriate Designation)

Name: _____

Home Email: _____

Cell Phone: _____

Work Phone: _____

Occupation: _____

Employer/Business: _____

Work Email: _____

Do NOT send school-related communications to this work email

Mother/Step-Mother/Guardian: *(Student Resides With)*

(Circle Appropriate Designation)

Name: _____

Home Email: _____

Cell Phone: _____

Work Phone: _____

Occupation: _____

Employer/Business: _____

Work Email: _____

Do NOT send school-related communications to this work email

Marital Status:

- Married Single
 Divorced Remarried
 Separated Widowed

Student Lives With:

- Both Parents Father/Stepmother
 Mother Only Mother/Stepfather
 Father Only Other:

Non-Resident Parent: *Complete only for a parent not living with the student. A copy of a current Parenting Plan is required unless both parents sign the registration form.*

Name: _____ Home Phone: _____ Work Phone: _____

Address: _____ City, State, Zip: _____

Email: _____ Occupation: _____ Employer: _____

Is there joint custody? Yes No

Does NCA have permission to release student to non-resident parent? Yes No
(Without legal documentation, this cannot be enforced.)

Church Affiliation:

Church family currently attends _____ City where church is located _____ Pastor's Name _____

NCA Mission Statement

Northshore Christian Academy exists as a partner with families to provide a superior Christian education, which includes developing spiritual, academic and personal excellence in a Christ-centered environment.



Health:

Indicate any areas of concern regarding your student’s health, development or behavior that you think NCA should know about to help serve your child. Disclosure of these concerns doesn’t mean that any special instruction or accommodation will be provided to your child, unless required by applicable law.

Student has a history of: (OPTIONAL)

- Hearing problems Vision problems Speech difficulties Diabetes Asthma
- Seizure disorder Heart problems Activity restrictions Allergies Other _____

Please explain any item checked above. List any allergies, including reactions to medication, or any special physical, mental or chronic medical conditions that you think NCA should know. Disclosure of these doesn’t mean that any special instruction or accommodation will be provided to your child, unless required by applicable law. NCA does not have any expertise in treating or dealing with peanut, nut, dairy or other allergies, or in treating or dealing with other health conditions.

If your child needs help taking oral medications during the school day, please contact the school nurse. NCA is not required to administer oral medications, but may do so under certain conditions. List any medications your child is currently taking.

(Health Insurance Carrier) (Policy #) (Group #) (Under the name of)

(Physician) (Phone) (Preferred Hospital)

Sports Program: Students participating in NCA sport activities will need to have a sport’s physical and must submit a physical examination form signed by his//her health care provider (valid for two years).

Emergency Contacts:

In case of an emergency or illness, list in desired priority, whom NCA should contact if the School is unable to contact you.

1. _____
(Print Name) (Relationship to student) (Address, City, State, Zip)

(Home Phone) (Cell Phone) (Work Phone)

2. _____
(Print Name) (Relationship to student) (Address, City, State, Zip)

(Home Phone) (Cell Phone) (Work Phone)

3. _____
(Name of an out of area contact) (Relationship to student) (Address, City, State, Zip)

(Home Phone) (Cell Phone) (Work Phone)

All the information about our child that we provided above is true and correct.

(Signature of Father/Guardian) (Print Name) (Relationship to Student) (Date)

(Signature of Mother/Guardian) (Print Name) (Relationship to Student) (Date)

Non-Discrimination Policy as to Students: Northshore Christian Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally provided or made available to students at the School. The School does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, athletic and other school-administered programs.