



NEW LIFE CHRISTIAN ACADEMY HYBRID
RENEWAL STUDENT ENROLLMENT APPLICATION

Section 1: STUDENT INFORMATION

Name: _____ Grade Entering: _____ School Year: 2025 to 2026

Address (Parent/Guardian residing with): _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Known Allergies: _____

Medication Information: _____

Updated Immunization: Yes No If yes, when _____

Section 2: PARENTAL INFORMATION

Parent/Guardian(s') Name (child resides with):

Relation: (1) _____ (2) _____

Employer (1): _____ Occupation: _____

Work Phone: (____) _____ Cell Phone: (____) _____ Alt. Phone: (____) _____

Email Address: _____

Employer (2): _____ Occupation: _____

Work Phone: (____) _____ Cell Phone: (____) _____ Alt. Phone: (____) _____

Email Address: _____

Section 3: SIBLING INFORMATION (*Attending NLCAH*)

Name: _____ Grade: _____ Name: _____ Grade: _____

Name: _____ Grade: _____ Name: _____ Grade: _____

Section 4: STUDENT PICK UP INFORMATION

Please list the names of the individuals authorized to pick up your child from School.

(Identification will be required at the time of pick up)

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

Section 5: EMERGENCY CONTACT INFORMATION (*If different from section 4*)

Name: _____ Phone: _____ Relation: _____

Note: All monies are DUE on August 1st; this includes Registration, Tuition, and all Annual Fees.

Rev. 01-16

STUDENT EMERGENCY AUTHORIZATION

An emergency card must be on file for each student

Student Information		2025 - 2026		<input type="checkbox"/> <input type="checkbox"/>	
		School Year	Grade	M	F
Student Name:					
Medical Information		Please complete the following. Unless otherwise restricted by law, special health problems will be shared with appropriate staff and faculty to provide the best possible care for your student. Check all that apply.			
Student Physician		Address		City	State Telephone
Preferred Hospital:					
New Life Christian Academy Hybrid does not assume any financial responsibility, but will provide or arrange emergency care. By signing this card you are giving the appropriate school personnel authority to call EMS, to transport, or to obtain medical care if you or the alternate adult cannot be reached.					
CONDITION		Please share any details or information to all questions with the answer, yes.			
Asthma Yes No					
Diabetes Yes No					
Is he/she taking any medication? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify					
Epilepsy/Seizure Disorder: Yes No Date of last seizure _____					
Heart Condition: Yes No					
Allergies-Type (food, insect, other) Reaction <input type="checkbox"/> Mild <input type="checkbox"/> Severe					
Epipen: Yes No					
Vision: Glasses Contacts Visual Impairment:					
Has child had a hearing test: Yes No If yes, when? _____					
Scoliosis: Date Diagnosed: Treatment:					
Additional medical information:					
I hereby grant permission for emergency medical/nursing care to be given by the attending physician and/or school personnel. I also give permission for EMS to be called and/or my child to be transported as necessary by school personnel. I will NOT					

Signature of Parent/Guardian

Date