# **NEW TESTAMENT CHRISTIAN ACADEMY (NTCA)**

2022-2023 Admissions Checklist

Dear Prospective NTCA Family and current NTCA families with NEW students applying for admission,

Thank you for applying to NTCA. Our goal is to help all our students reach their highest potential in Christ and academically. We aim to partner with parents to achieve these goals. You have started the process of admission at our school. This process has two parts:

Part  $\Lambda$  - Securing a voucher to pay for tuition - Choice Application:

rait	A Securing a voucher to pay for turtion Choice Application.
If you a	re applying for the Parental Choice Program, we must receive your Choice application along with the following:
	Income verification (Provide signed copy of your 2021 income taxes)
	Proof of residency for MPCP or WPCP (Example: Most recent utility bill or lease agreement)
	Supporting Documentation required by DPI
	e statute, we are <mark>not</mark> permitted to accept the Choice documents after the open enrollment period, which is the the month for MPCP and April 15 <sup>th</sup> for WPCP.
<u>Part</u>	B – Securing a seat at NTCA (new students) – NTCA Application:
	Completed 2022-2023 Online Admissions Application form using FACTS Immunization / Permission to access WIR (Included below) 2022-2023 NTCA Parental / Guardian Commitment and Statement of Faith (included below)
	Student's official birth certificate  1 <sup>st</sup> – 8 <sup>th</sup> grade only:  Copy of most recent report card  Copy of most recent Standardized Test Scores from MAP or STAR testing  Copy of IEP / Educational Plans  Authorization to administer Medication and Child Care Centers (included below)
	Private-Pay families ONLY: Textbook fees due before August 1 <sup>st</sup> Private-Pay families ONLY: Non-refundable <u>\$50.00</u> Application Fee due with this application Admissions Checklist (Completed) – <u>Return this Admissions checklist with your materials</u>

#### Note to all:

- If applying for K4, or K5, your child must have reached that age on or before September 1st.
- The school <u>does not</u> provide transportation for students. Instead, most of our parents get paid for transporting their children, which is a safer option!

ADMISSIONS APPLICATIONS CANNOT BE ACCEPTED WITHOUT ALL OF THE AFORMENTIONED ITEMS

After the information has been received your admissions application will be processed. Please forward all the above items to the academy office as soon as possible. If you are unable to print the requested documents, please contact our school for pre-printed forms. If you have any questions, please feel free to contact the Academy Office at 414-365-1677. Thank you!

"Train up a child in the way he should go so that when he is old, he will not depart from it." Proverbs 22:6

PERSONAL DATA

Wis. Stat. §§ 252.04 and 120.12 (16)

Division of Public Health F-04020L (Rev. 6/2020)

#### STUDENT IMMUNIZATION RECORD

INSTRUCTIONS TO PARENT: COMPLETE AND RETURN TO SCHOOL WITHIN 30 DAYS AFTER ADMISSION. State law requires all public and private school students to present written evidence of immunization against certain diseases within 30 school days of admission. The current age/grade specific requirements are available from schools and local health departments. These requirements can only be waived if a properly signed health, religious or personal conviction waiver is filed with the school. The purpose of this form is to measure compliance with the law and will be used for that purpose only. If you have questions regarding immunizations, or how to complete this form, contact your child's school or local health department.

PLEASE PRINT

	Student's Name	Birthdate (MM/DD/YYY	Y) Gender	School			Grade	School Year
ŀ	Name of Parent/Guardian/Legal Custodian	Address (Street.	City, State, Z	ip)		Telepho	one Numbe	r
Step 2	IMMUNIZATION HISTORY							
	List the MONTH, DAY, AND YEAR your child rec							
	question about chickenpox, Tdap, or Td. If you do department to obtain it.	not have an immuniz	ation record	for this stude	nt at home, con	tact your	doctor or pu	iblic health
l	TYPE OF VACCINE*	FIRST DOSE	SECOND D		IRD DOSE	FOURTH		FIFTH DOSE
-		MM/DD/YYYY	MM/DD/YY	YY MN	WDDYYYY	MM/DD/	MY _	MWDDYYYY
	DTaP/DTP/DT/Td (Diphtheria, Tetanus, Pertussis Adolescent booster (Check appropriate box)	5)				_		
	☐ Tdap ☐ Td							
	Polio							
	Hepatitis B							
	MMR (Measles, Mumps, Rubella)							
	Varicella (Chickenpox) Vaccine							
	Vaccine is required only if your child has not had chickenpox disease. See below:							
l	Has your child had Varicella (chickenpox) disease	e? Check the			blood test (titer)			
	appropriate box and provide the year if known:				on) to any of the sles 🔲 Mumps			
	YES Year (Vaccine not required)		1 —	_	atory report(s)	Rube	на 🔲 пер	auus D
Step 3	NO or Unsure (Vaccine required) REQUIREMENTS							
[	Refer to the age/grade level requirements for the	current school year to	datamina if	this student	meets the requir	rements		
Step 4	COMPLIANCE DATA	current scribbi year to	determine ii	ulis student	inces the requi	rements.		
	STUDENT MEETS ALL REQUIREMENTS							
	Sign at Step 5 and return this form to school.							
	STUDENT DOES NOT MEET ALL REQUIREMENTS							
	Check the appropriate box below, sign at Step 5, and return this form to school. PLEASE NOTE THAT INCOMPLETELY IMMUNIZED STUDENTS MAY BE EXCLUDED FROM SCHOOL IF AN OUTBREAK OF ONE OF THESE DISEASES OCCURS.							
	Although my child has <b>NOT</b> received <b>ALL</b> the required doses of vaccine, the FIRST DOSE(S) has/have been received. I understand that the SECOND DOSE(S) must be received by the 90th school day after admission to school this year, and that the THIRD DOSE(S) and FOURTH							
	DOSE(S) if required must be received by the 30th school day next year. I also understand that it is my responsibility to notify the school in writing each time my child receives a dose of required vaccine.							
	NOTE: Failure to stay on schedule may result	t in exclusion from s	chool, cour	action and/	or forfeiture pe	enalty.		
	WAIVERS (List in Step 2 above, the date(s) of any immunizations your child has already received)							
	For health reasons this student should not receive the following immunizations							
	1							
	SIGNATURE - Physician				Date Signed			
	For religious reasons, I have chosen not to DTaP/DTP/DT/Td Tdap, Police						apply)	
	For personal conviction reasons, I have chosen not to vaccinate this student with the following immunizations (check all that apply)  DTaP/DT/Td Tdap Polio Hepatitis B MMR (Measles, Mumps, Rubella) Varicella						apply)	
Step 5	SIGNATURE							
. [	This form is complete and accurate to the best of	my knowledge. Check	one: (I do	I do not	) give permis	ssion to sl	hare my chi	ld's current
	immunization records and as they are updated in the future with the Wisconsin Immunization Registry (WIR). I understand that I may revoke this						I	
	consent at any time by sending written notification to the school district. Following the date of revocation, the school district will provide no new records or updates to the WIR.							
	SIGNATURE - Parent/Guardian/Legal Custodian or Adult Student Date Signed							
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### **AUTHORIZATION TO ADMINISTER MEDICATION**

**DEPARTMENT OF CHILDREN AND FAMILIES**Division of Early Care and Education

dcf.wisconsin.gov

#### AUTHORIZATION TO ADMINISTER MEDICATION - CHILD CARE CENTERS MEDICATION INFORMATION AND AUTHORIZATION

A. FACILITY AND CHILD INFORMATION							
Name – Child Care Center							
Name – Child				Birthdate (mm/dd/	уууу)		
B. MEDICATION INFORMATION: Medication shall be in	a the existing container and labeled wit	h the shild's name. The lake	l aball include decess or	d disastiana far ada	ninistration.		
B. MEDICATION INFORMATION: Medication shall be in	n the original container and labeled wit						
Name - Medication	Dosage	Time(s) of Day to be Administered	How to be Administered	Dates – Medication Time Period From To			
	_	Administered	Administered	FIOIII	10		
		☐ AM ☐ PM					
			-				
		☐ AM ☐ PM					
			_				
		☐ AM ☐ PM					
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		L AWI L FWI			Į		
Ves DNs. Bees the over the counter (OTC) may	disation label indicate the shild's ab	vaiaian abauld ba aanaulta	d2 If #Vee # I have some	ultad with my abildia	nhuninian and I		
Yes No Does the over-the-counter (OTC) med		ysician snould be consulte	a? If Yes, I have cons	uitea with my chila's	s pnysician, and i		
am authorizing a dosage consistent with the physician's re	ecommendation.	lame – OTC Medication		nt Initials			
		iame - OTC Medication	Pare	nt initials			
Additional information / special instructions / contraindications – Specify.							
C. AUTHORIZATION							
Lhereby authorize administration of the above medication	to my child by staff of the child care o	enter listed above					
I hereby authorize administration of the above medication to my child by staff of the child care center listed above.							
SIGNATURE – Parent or Guardian		Date S	igned				
DCF-F-CFS0059 (R. 04/2020)					1		

DCF-F-CFS0059 (R. 04/2020)

# NTCA Parental / Guardian Commitment and Statement of Faith

# 2022-2023 PARENTAL/GUARDIAN COMMITMENT

As a NTCA parent,

I/we give permission for my child to take part in all school activities, including sports and school-sponsored trips away from the school premises.

I/we give permission for photos and videos to be taken of my child for educational and school marketing purposes. Exceptions to the above will be provided in writing to the school by the parent or guardian.

I/we agree to relieve the school and its employees from any liability in connection with these activities.

I/we agree that if our child should become involved in any trouble at school, or we disagree with any policy set by the school, we will in no case complain to any parent, but in the love of Christ and with prayer, we will register only necessary complaints with the teacher or principal.

I/we pledge our fullest cooperation to keep doctrinal controversy and denominationalism out of the school at all times. (Romans 13:8, I Corinthians 12:12-14, 13:1-13, Galatians 5:13-15, 25-26 and Ephesians 4:1-7)

I/we hereby invest authority in the school to discipline our child as necessary; we further agree that we will cooperate and discipline our child in the home as needed. (Proverbs 13:24, 19:18, 22:6, 23:13-14, 29:15 and 29:17; Ephesians 6:1-2, Colossians 3:20 and Hebrews 12:6)

I/we understand that assessments will be made to cover damage to school property caused by our child (including but not limited to breakage of windows, abuse of equipment or books, etc.)

I/we have completed the application and I am willing to abide by the NTCA rules, handbook and aforementioned principles and beliefs as long as my child is a student at NTCA.

#### 2022-2023 STATEMENT OF FAITH

The basis of the New Testament Christian Academy shall be the Word of God as interpreted by the following Statement of Faith:

- I/we believe the Bible to be the inspired and only infallible authoritative Word of God.
- 2. I/we believe that there is one God, eternally existent in three persons: Father, Son, and Holy Spirit.
- 3. I/we believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory.
- 4. I/we believe that man is sinful by nature and that regeneration by the Holy Spirit is essential for his salvation.

5. I/we believe in the continuing ministry of the Holy Spirit, by whose indwelling the Christian is enabled to live a godly life.					
6. I/we believe in the resurrection of both the saved and the lost; they who are saved unto life, and they who are lost unto damnation.					
7. I/we believe in the Genesis account of creation.					
I/we have read the Parental/Guardian Commitment and Statem	ent of Faith and subscribe to them.				
Yes					
No					
Parent or Guardian	Date				
Parent or Guardian	 Date				
raient of Guardian	Date				
Please return application to:					
New Testament Christian	Acadamy				
10201 W. Bradley Ro	pad				
Milwaukee, WI 532					
Phone: 414-365-16 Fax: 414-365-561					
After determination of student acceptance, notification of acceptance v	will be conveyed to the parent by mail or phone.				
For Office Use Only Application Received					
Student Acceptance					
Director: Dat	e:				