

Application for Admission



Admission Policies and Procedures

A student is admitted to U.C.C.D. on the basis of former records, interviews and standardized test scores, as well as availability of and willingness of the family to participate within the schools guidelines and philosophy. Parent may begin the registration process by submitting an application along with supporting documents, fees, and information listed under the “Admission Process” section.

Admission Criteria:

K2-K4 (VPK)

The birthday cut off for admission is September 1 of the school year the student wishes to enter.

Student must be potty trained.

Student will be screened with an evaluation instrument of the school’s choice if administration determines it is necessary.

Kindergarten – 1st Applicant Requirements

Maintain a C average or above in academic grades or evidence of satisfactory academic performance if grades are not available.

Attain a composite achievement score on a nationally norms standardized achievement test at the 50th percentile or higher. Recent test results within the last 18 months are acceptable.

Score within the average range on an I.Q. test or an equivalent score on another ability test.

Have satisfactory attendance for the previous year

Have satisfactory behavior (at home, in school, and in the community) and provide positive indication that he/she truly wants to be part of the Noah Ark Christian Academy student body.

Interview with the appropriate school officials.

Additional test may be required at the expense of the parent.

Admission Process:

Preschool – Kindergarten

- Complete the application and transportation form (if applicable)
- Provide a certified birth certificate for your child (ren) (photocopies accepted).
- Provide the originals of your child's immunization form and a current physical examination form (physical must be within the last year).
- The following non refundable fees are necessary at the time of application
 - Matriculation fee to cover the cost of enrolling and maintaining the required records the student.
 - Registration fee to cover the cost of consumable text books, duplication of materials distributed to students, etc.

Grades 1 – 3:

- Complete the application and transportation form (if applicable)
- Provide a certified birth certificate for your child (ren) (photocopies accepted).
- Provide the originals of your child's immunization form and a current physical examination form (physical must be within the last year).
- Provide a copy of your child's current and previous two years' report cards (including academic and conduct grades along with attendance records) and achievement test scores.
- The following non-refundable fees are necessary at the time of application:
 - New Student Evaluation fee to cover the cost of evaluation of prospective student's records and entrance testing if necessary.
 - Matriculation fee to cover the cost of enrolling and maintaining the required records the student.
 - Registration fee to cover the cost of consumable text books, duplication of materials distributed to students, etc.

**Our Admission Office personnel will set up an appointment for an interview with parent/guardian and the student after the application and all required documentation is received and reviewed.*

Special Circumstances

Any exception to the established written admission policy (e.g., student who the GPA requirement but falls short of the standardized score requirement) will be made by the administration.

Non-Discriminatory Policy

Noah Ark Christian Academy admits the students of any race to all the rights, privileges, programs and activities generally accorded or made available to students at the school and Noah Ark Christian Academy does not discriminate on the basis of race in the administration of its educational policies, admissions policies, scholarships and loan programs, and other school-administered programs.

Payment Plans

School tuition and other application fees (After School Care and/or Transportation) may be paid annually, semi – annually, in ten (10) monthly installments, or in twelve (12) monthly installments. If the ten-month payment plan is used, the first payment is due August 1 and the last payment is due May 1. If the twelve – month payment plan is used, the first payment is due June 1 and last payment is due May 1. The twelve month payment plan requires the use of automatic bank drafts or automatic credit card payment.

Registration & Enrollment

U.C.C.D., LLC

New Enrollment Re-Enrollment Date Received: _____

This application is for the grade circled beginning _____.

K2 (Full Day) K3 (Half Day) K4 (Full Day) K4 (Half Day) K5 1 2 3 4 5 6 7 8 9 10 11 12

Do you want van/bus transportation if available? Yes No
(Transportation is very limited so we will have our transportation director contact you to verify that transportation is available in your area.)

Do you want after school care? Yes No

Student Information:

Please list the name(s) of each student being enrolled, his/her date of birth, social security number, and start date.

Student's Name	Date of Birth	Social Security #	Start Date
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Street Address _____ City _____

State _____ Zip _____ Home Phone Number _____ Mobile Phone Number _____

Has student repeated any grade? Yes No
If yes, why? _____

Has the student had any major discipline problems in school? Yes No

If yes, please explain _____

Has student been dismissed or suspended from school? Yes No
If yes, explain on a separate sheet of paper and attach to this application.

School attended previous year _____

Address of previous school _____ City _____

State _____ Zip Code _____ Phone Number _____

Parent Information

U.C.C.D., LLC

Father's Name _____

Father's Street Address _____ City _____ State _____ Zip _____

Father's Employer _____ Father's Email Address _____

Work Address _____

Work Phone # _____ SSI # _____

Occupation _____

Mother's Name _____

Mother's Street Address _____ City _____ State _____ Zip _____

Mother's Employer _____ Mother's Email Address _____

Work Address _____

Work Phone # _____ SSI # _____

Occupation _____

Legal Custody of Student: Both Parents Mother Father Other

Student Live With: Both Parents Mother Father Other

If other, please specify _____

Emergency Contact Information:

Student's Name	Relationship	Home #	Work #	Cell#
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Family Doctor _____ Phone Number _____

Any unusual factors in the student's life: adoption, accident or serious illness, health problems of which the teacher(s), clinic or staff should be aware of? _____
