



**Nebraska
Christian**
SCHOOLS

Building Lives For Eternity

Circle the Grade for Which You are Applying

7th	8th	9th	10th	11th	12th
1st Sem	1st Sem	1st Sem	1st Sem	1st Sem	1st Sem
2nd Sem	2nd Sem	2nd Sem	2nd Sem	2nd Sem	2nd Sem

APPLICATION FOR ADMISSION

FULL NAME _____
(Last) (First) (Middle) (Sex)

ADDRESS _____
(Street Address) (City) (State) (Zip Code)

DATE OF BIRTH _____ TELEPHONE _____ SOC. SEC. NO. _____

Name of Parent(s) or Guardian _____

Parent Email Address _____

Occupation of Parent(s) _____

Church Affiliation _____

If not a member, give the name of the church to which your parents belong or attend regularly.

(Pastor's Name) (Address) (Phone)

Have you had a personal experience with Jesus Christ in accepting Him as your Savior? _____

Give details of your conversion and the age you accepted Christ.

Give the names and addresses of two adults other than your parents or relatives who know you and would be able to give an evaluation of your personal qualifications.

(Name) (Address) (Phone)

(Name) (Address) (Phone)

Name of counselor. (If none, name of teacher who knows you best)

(Name) (Phone)

School you are presently attending _____

(Address) (Phone)

What grade are you in now? _____

Have you ever attended Nebraska Christian Schools before? Yes _____ No _____

Do you wish to room in the dormitory? Yes _____ No _____

Have you ever been dismissed from any school for any reason? _____
If so, please explain.

Explain why you would like to attend Nebraska Christian Schools.

Are you :

a smoker of tobacco products? Yes / No

a consumer of alcoholic beverages? Yes / No

a user of illegal drugs? Yes / No

sexually active? Yes / No

on probation? Yes / No

Do you have:

Educational problems? Yes / No

Personality problems? Yes / No

Emotional Problems? Yes / No

Spiritual problems? Yes / No

Other Problems? Yes / No

While attending Nebraska Christian Schools, I will cheerfully conform to the rules and regulations of the school, and will seek to conduct myself as befits a student of a Christian school. (Before signing, the applicant should be thoroughly familiar with school policies as stated in the Student Handbook.)

Your application is not complete until the following documents are submitted:

- Completed Application Form
- Parents or Guardians Agreement
- Immunization Record
- Health Exam Form
- Copy of Birth Certificate
- Medical Consent Form
- Parental Consent Form
- Vision Evaluation Form
- Permit Sheet
- \$50 Application Fee

(Signature)

(Date)

Please send to:
Nebraska Christian Schools
1847 Inskip Avenue
Central City, Nebraska 68826

Nebraska Christian Schools PARENTS' OR GUARDIANS' AGREEMENT

STUDENT'S NAME _____

STATEMENT OF PRINCIPLES:

Please read the paragraphs below before answering the questions. This is necessary in order for Nebraska Christian Schools to process the application or re-application form for the above-named student.

God created man and placed him on the earth in order for man to bring glory to God and do those things which please Him. However, God gave man the option of disobeying the Lord and pleasing himself. Adam and Eve chose to disobey. The battle between obeying and disobeying God is still on. A knowledge of what God desires for us is urgently needed at as young an age as possible! Paul wrote to Timothy, "And that from childhood you have known the sacred writings which are able to give you the wisdom that leads to salvation through faith which is in Christ Jesus" (II Timothy 3:15). After a person trusts Christ for salvation, he is told in Colossians 3 to "Keep seeking the things above, where Christ is seated at the right hand of God. Set your mind on the things above, not on the things that are on the earth," and also that, "Whatever you do, do your work heartily, as for the Lord, rather than for men" (vs.1, 2, 23). This challenges the Christian to have as his motto: "Excellence is a way of life." This obviously means that those practices which are self-centered and dishonoring to God, as well as beliefs contrary to the clear teaching of Scripture, cannot be a part of the "excellence of life" which Jesus called the "abundant life" (John 10:10).

In order to help our students, it is necessary to have certain rules and regulations. We expect you as parents or guardians to support these, and we expect your students to conform to them. As we work together, we will be able to rejoice together as your child develops self-discipline and a Christ-honoring life. Remember, attendance at Nebraska Christian Schools is a privilege, not a right!

After becoming acquainted with the standards and principles of Nebraska Christian Schools, answer the following questions:

Does the school have any standards that you cannot support? YES / NO

Are there any standards that your child does not willingly accept? YES / NO If yes, please explain.

Can the school count on you to support its position in matters pertaining to the cooperation expected of your child? _____

Signature _____

Nebraska Christian Schools Immunization Record

Name _____ **Birth Date** _____ (Mo/Day/Yr)

Vaccine	Time	Date Given (Month/Day/Year)
DTaP Diphtheria Pertussis Tetanus	First	
	Second	
	Third	
	First Booster	
Td	First	
Polio	First	
	Second	
	Third	
	First Booster	
MMR	First	
	Second	
Hepatitis B	First	
	Second	
	Third	
Varicella (chickenpox)	First	
Other (specify)		

I certify that the above information is correct to the best of my knowledge.

Signature of Parent

Date



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PERMISSION TO OBTAIN RECORDS

I hereby authorize Nebraska Christian Schools to obtain records regarding:

Student _____

Date of Birth _____

School obtaining records from: _____

School Phone Number: _____

School releasing records to:

- Nebraska Christian Jr./Sr. High School
1847 Inskip Avenue
Central City, NE 68826-8008
- Nebraska Christian Elementary School
1847 Inskip Avenue
Central City, Ne 68826-8008
- Official student academic/administrative records
(identifying information, grade level completed,
grades, class rank, attendance records, etc.)
- Latest IEP and MDT, if Applicable.

Parent Signature

Travel Permit Sheet

STUDENT'S NAME: _____

Grade: _____

I give permission for my son/daughter to:

___ Drive a vehicle belonging to another at NC. (I will assume any loss incurred not covered by insurance.)

___ Travel in vehicles driven by other NC students to town and special events.

___ Travel in vehicles driven by adults to town and special events.

___ Drive his/her car to and from school.

___ Drive his/her car to town.

___ Drive his/her car to special "away" events.

___ Transport others to town and "away" events.

___ My son's/daughter's car may / may not (circle one) be driven by other licensed drivers at the school. (I affirm the vehicle to be insured to cover other teenage drivers.)

Name of Insurance Company: _____

Car License Number: _____

List all vehicles your student will drive.

PARENT'S SIGNATURE: _____ DATE: _____

School Vision Evaluation Report Form for Nebraska Christian Schools

A School Vision Evaluation is required for all children within six months prior to entering Nebraska schools for the first time (*includes Kindergarteners, transfers, and other students new to Nebraska*). [Nebraska Revised Statute 79-214]

Name: _____ Grade: _____

Student Status: _____ Kindergarten _____ Transfer Student from Out of State

Required Tests*	Pass	Fail	Recommend Further Evaluation (Comments Below)
Amblyopia	_____	_____	_____
Strabismus	_____	_____	_____
Internal Eye Health	_____	_____	_____
External Eye Health	_____	_____	_____
Visual Acuity	_____	_____	_____
Right Eye @ distance (20 ft.):		20/____	aided / unaided
Left Eye @ distance (20 ft.):		20/____	aided / unaided
Right Eye @ near (16 in.):		20/____	aided / unaided
Left Eye @ near (16 in.):		20/____	aided / unaided

Comments/Recommendations: _____

Evaluation performed by: _____ Date: _____
(Signature)

Waiver of Vision Evaluation

I, _____ hereby state that I do not wish to submit a vision evaluation form for my student, _____, who is new to Nebraska Schools.

Signature

Date



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New Student Registration Form

PARENT'S NAME: _____ PHONE _____

Student's Full Name	Grade	Student's Full Name	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OPTIONS (for each item, write the NAME of each student to whom the option applies.)

Bus from Aurora to Central City _____

Bus from Central City to Marquette _____

Dorm Monday -Friday (9-12 grades) _____

Dorm Full Week (9-12 grades) _____

Noon Meals (K-12 non-dorm students) _____

Activities (7-12 students)

Football _____

Volleyball _____

Cross Country _____

Basketball _____

Wrestling _____

Track _____

Speech _____

Please set up my account for: (choose 1)

_____ payment in full (July 1)

_____ semester payments (July 1 and December 1)

_____ quarterly payments (July 1, September 15, December 1, and February 15.)

_____ 10 monthly payments on FACTS contract (July through April)

Signature: _____ Date: _____

**Nebraska Christian Schools admits students
of any race, color, and national or ethnic origin.**