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APPLICATION FOR ADMISSION
Nebraska Christian Elementary School

APPLICANT'S FULL NAME (Last) (First) (Middle)

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

DATE OF BIRTH (MM/DD/YYYY) TELEPHONE

Grade applying for 1st Sem. 2nd Sem. Sex

Name of parent(s) or guardian: Email:

Occupation of parent Church Affiliation

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

Give the names and address of two adults other than relatives who know your child and would be able to give an evaluation of his/her personal qualifications.

(Name) (Address) (Phone)

(Name) (Address) (Phone)

School child is presently attending

Name of Counselor: (If none, name of teacher who knows child best) (Address) (Phone)

What grade is child in now? (Please include a copy of child's last report card with application)

While my child attends Nebraska Christian Elementary School, I will work with him/her to help him/her to conform to the rules and regulations of the school and to conduct himself/herself as befits a student of a Christian school.

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

(Signature of Parent)

(Date)

- Completed Application Form
Parents or Guardians Agreement
Immunization Record
Health Exam Form
Copy of Birth Certificate
Medical Consent Form
Vision Evaluation Form
Previous Report Card (if applicable)
\$50 Application Fee

SEND TO:
Nebraska Christian Elementary School
1847 Inskip Ave.
Central City, Nebraska 68826-8008
Phone: (308) 946-3836 ne@nebraskachristian.org

# 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.

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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



**Elementary Student Health Examination Form**

This health examination form must be completed and submitted to the office of Nebraska Christian Schools, Inc., upon applying for admission to kindergarten or in the absence of prior health records for the student in grades 1-6.

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_

S.S.N. \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Blood Pressure \_\_\_\_\_

Significant past illness or injury \_\_\_\_\_

\_\_\_\_\_

Eyes \_\_\_\_\_ R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Ears \_\_\_\_\_ R \_\_\_\_/15 L\_\_\_\_/ 15

Respiratory \_\_\_\_\_ Cardiovascular \_\_\_\_\_

Liver \_\_\_\_\_ Spleen \_\_\_\_\_ Hernia \_\_\_\_\_

Neurological \_\_\_\_\_

Genitalia \_\_\_\_\_

Laboratory: Urinalysis \_\_\_\_\_ Other \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date of Examination \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_



**Nebraska Christian Schools  
MEDICAL CONSENT FORM**

STUDENT'S LEGAL NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
Last First Middle

STUDENT'S ADDRESS: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street City Zip Code

SEX: Male Female SOCIAL SECURITY # \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_  
Month Day Year

DISTANCE YOU LIVE FROM SCHOOL: \_\_\_\_\_ BIRTHPLACE: \_\_\_\_\_  
No. of Miles

**CONTACT PERSON (FATHER)**

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Address (Street-Rural Route-Box)  
\_\_\_\_\_  
Home Telephone (Area Code + Number)  
\_\_\_\_\_  
Place of Employment  
\_\_\_\_\_  
Work Telephone (Area Code + Number)

**CONTACT PERSON (MOTHER)**

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Address (Street-Rural Route-Box)  
\_\_\_\_\_  
Home Telephone (Area Code + Number)  
\_\_\_\_\_  
Place of Employment  
\_\_\_\_\_  
Work Telephone (Area Code + Number)

**EMERGENCY CONTACT** (Please notify them that you are using their name in case of emergency)

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Address (Street-Rural Route-Box)  
\_\_\_\_\_  
Place of Employment

\_\_\_\_\_  
Relationship to student--relative, friend, etc.  
\_\_\_\_\_  
Home Telephone (Area Code + Number)  
\_\_\_\_\_  
Work Telephone (Area Code + Number)

**MEDICAL INFORMATION**

\_\_\_\_\_  
Doctor's Name  
\_\_\_\_\_  
Doctor's Telephone Number

\_\_\_\_\_  
Doctor's Address

**Medical Alert:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL CONSENT:** The school staff may apply first aid treatment until the family doctor and/or dentist can be contacted. We give our consent for the staff to use their own judgment in securing medical aid and ambulance service in case the parents cannot be reached.

Permission is granted to the attending physician or dentist to proceed with any medical or minor surgical treatment, x-ray examinations, and immunizations for my son/daughter. In the event of serious illness or injury, the need for major surgery, I understand that every effort will be made by the attending physician, and/or medical personnel to contact me in the most expeditious way possible. If said physician is unable to communicate with me, the treatment necessary for the best interest of my son/daughter is given.

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*



**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.*