

Date Received _____

Received by _____

Attach Current
Picture Here

Nebraska Christian Schools Application for Resident Admission

Student's Full Name _____ Preferred Name _____
First Middle Last

Student's Home Address _____

Phone: _____

FAX _____ E-Mail _____

Application for Grade ____ 1st/2nd Semester, 20____ Current Grade ____ Age ____ Birth Date ____ / ____ / ____ Sex ____
Month Day Year

Citizenship _____ Place of Birth _____

Applicant lives with: _____ Both Parents _____ Other: _____
Check any that apply: _____ Father is deceased _____ Mother is deceased _____ Parents are separated
_____ Father has custody _____ Mother has custody _____ Parents are divorced

Father's Full Name (Mr./Rev./Dr.) _____

Mother's Full Name (Mrs./Ms./Dr.) _____

Parents' Home Address _____

Phone _____ FAX _____ E-Mail _____

Father's Profession _____ Business Phone _____

Mother's Profession _____ Business Phone _____

Current Church Name and Denomination _____

Other members of the family who attend or have attended Nebraska Christian? _____

Brothers/Sisters (name, grade, school attending) _____

Academic Information

Name of Previous School _____ FAX _____ E-Mail _____

School Address _____ Phone _____

Has the applicant ever been referred for academic evaluation, either remedial or accelerated? ____ If yes, please explain on a separate page.

English as a Second Language (ESL)

Has the applicant had any ESL courses? ____ How long has the applicant studied English? ____

TOEFL score _____ Will the applicant be enrolled in ESL? ____ Which level? Beginning ____ Intermediate ____ Advanced ____

Medical Information

Does the applicant have a physical health problem of which the school should be aware? _____ If yes, please specify (include prescriptions or limitations of normal activities) _____

Is the applicant taking any medication on a regular basis such as insulin, Ritalin, etc.? Please list _____

Has the applicant ever consulted, or been referred to, a psychiatrist, psychologist, or psychiatric social worker for professional assistance? ____ If yes, please describe the circumstances _____

Check any of the following used or experienced with (in the last 12 months). Give explanation.
____ Narcotic drugs ____ tobacco ____ alcoholic beverages ____ stimulants _____

From what source did you learn about Nebraska Christian Schools? _____

This application for admission is not complete until the following items are received:

1. A non-refundable application fee of two hundred dollars (\$200.00) payable to Nebraska Christian Schools
2. A complete and signed application
3. Copy of Passport
4. Previous school records including current grades and TOEFL or SLEP test scores
5. Proof of Financial Responsibility (or Financial Resources Certification)
6. Parent and Student Supplementary Forms including:
 - Immunization Record
 - Health Exam Form
 - Student Participation Form
 - Medical Consent Form
 - Permit Sheet
7. All Reference Forms (3)

To the best of our knowledge the above information is correct.

Parent/Guardian Signature

Parent/Guardian Signature

Student Signature

Please return the completed application to:

Nebraska Christian Schools
1847 Inskip Avenue
Central City, NE 68826
(308) 946-3836 FAX: (308) 946-3837
nc@nebraskachristian.org

Nebraska Christian Schools is a Christian, co-educational, college-preparatory school. It is approved by the Nebraska Department of Education and is a member of the Association of Christian Schools, International (ACSI).

Notice of Nondiscriminatory Policy

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

NEBRASKA CHRISTIAN SCHOOLS

**Confidential Reference Form
English for Internationals**

Applicant's Name _____ **Applicant has studied English** _____ **years** _____ **months.**

Your name has been provided by the applicant as one who is able to furnish information concerning his or her family and the character, personality, and ability of the student. Nebraska Christian is a co-educational, college preparatory school with a Christ-centered curriculum. Please respond as honestly and completely as possible.

Reading: Given an American newspaper or magazine article of at least five paragraphs (pronunciation may be odd, as long as the student's understanding of the meaning is correct), the student is able to:

- _____ Excellent Read aloud with few errors and explain its meaning clearly and completely (understands at least 9 out of every 10 words).
- _____ Good Read aloud except for difficult terms or places, and explain most of its meaning (understands 7-8 out of every 10 words).
- _____ Fair Read most of the basic vocabulary and explain the basic idea of the article (understands 5-6 out of every 10 words).
- _____ Poor Read and understand only the simplest words (understands 1-4 of every 10 words), and can explain little or none of the article's meaning.

Writing: When asked to write a short essay stating an opinion about his or her school, town, political view, sports interests, etc., he or she:

- _____ Excellent Writes with near fluency using lengthy sentences, abstract terms, and strong vocabulary. Uses English grammar rather than composing the grammar of the native language into English.
- _____ Good Uses good vocabulary, sentences are lengthy and sensible, but grammar is sometimes irregular.
- _____ Fair Can make only simple sentences using limited, or basic vocabulary. Grammar is extremely irregular, but understandable.
- _____ Poor Doesn't make complete sentences or uses short basic ones, with limited vocabulary. It is difficult to understand what the student means at times.

Comments: _____

Do you have any reservations concerning the applicant's (check if "yes") _____ character? _____ integrity?
If you checked "yes", please explain. _____

Do you recommend this applicant for college-preparatory level work: _____ without reservation? _____ hesitantly? _____ not at all?

Name and Title _____

Address _____ **Phone/E-mail** _____

The time and effort that you have given to completing this form is appreciated. If you wish to give additional information please do so on another sheet of paper. Please return the completed form to:

Nebraska Christian Schools
1847 Inskip Avenue
Central City, NE 68826
308-946-3836/ Fax: 308-946-3837 email: nc@nebraskachristian.org

Nebraska Christian Schools
Confidential Reference Form - High School Math

Applicant's Name _____ **How long have you taught this applicant?** _____

Your name has been provided by the applicant as one who is able to furnish information concerning his or her family and the character, personality, and ability of the student. Nebraska Christian is a co-educational, college preparatory school with a Christ-centered curriculum. Please respond as honestly and completely as possible.

DIRECTIONS: Score the applicant's ability in the areas listed below based on the following scale by placing the corresponding number in the blank provided.

- | | | | |
|---------------------|---------------------------------------|----------------|---|
| 1. Excellent | Answers at least 9 out of 10 problems | 4. Poor | Answers fewer than 5 out of 10 problems |
| 2. Good | Answers about 7 out of 10 problems | 5. N/A | Has not studied this area yet |
| 3. Fair | Answers about 5 out of 10 problems | | |

Algebra I Concepts

Be able to add, subtract, multiply, and divide:

- ___ Integers (signed numbers)
- ___ Polynomials
- ___ Radicals (square roots)
- ___ Be able to compute the slope of a line

Be able to solve:

- ___ Linear equations in one variable
- ___ Quadratic equations by using factoring
- ___ Quadratic equations by using quadratic formula
- ___ Fractional equations and inequalities

Algebra II Concepts

Be able to add, subtract, multiply, and divide:

- ___ Expressions with square, cube, fourth roots
- ___ Rational expressions
- ___ Complex numbers
- ___ Be able to graph conic sections
- ___ Be able to graph functions of various types

Be able to solve:

- ___ Exponential equations
- ___ Logarithmic equations
- ___ Systems of quadratic equations
- ___ Systems of linear equations using determinants
- ___ Sequences and series problems
- ___ Trigonometric equations

Geometry Concepts

___ Be able to find the unknown side of a right triangle using:

- ___ the Pythagorean theorem
- ___ trigonometry
- ___ properties of 45-45-90 and 30-60-90 triangles
- ___ Be able to find unknown angles formed by two parallel lines cut by a transversal
- ___ Be able to know and use properties of the different types of quadrilaterals
- ___ Be able to prove two triangles congruent (SAS, ASA, SSS, HL, AAS)
- ___ Be able to find unknown angles and chords in a circle using circle theorems
- ___ Be able to find the area and volume of basic geometric shapes

Do you have any reservations concerning the applicant's (check if "yes") ___ honesty? ___ integrity?

If you checked "yes," please explain:

Do you recommend this applicant for college-preparatory level work?

- ___ without reservation ___ hesitantly ___ not at all

Name and Title _____

Address _____ **Phone/E-mail** _____

The time and effort that you have given to completing this form is appreciated. If you wish to give additional information, please do so on another sheet of paper. Please return this completed form to:

Nebraska Christian Schools
1847 Inskip Avenue, Central City, Nebraska 68826
(308) 946-3836/Fax: (308) 946-3837 email: nc@nebraskachristian.org

Student Name _____

Address: _____

City/Country: _____ Date of Birth: _____

Age: _____ Male ___ Female ___ Grade: _____

School: **Nebraska Christian Schools**
Address: **1847 Inskip Ave Central City, NE 68826**
Phone: **308-946-3836**

Revised 5/04

PLEASE COMPLETE PRIOR TO EXAMINATION

HISTORY

- | | | |
|--|-----------------------------------|--------------------------|
| | YES | NO |
| *1. Have you ever fainted? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever fainted during exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you had chest pain during exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| *2. Has anyone in your family died suddenly? | <input type="checkbox"/> | <input type="checkbox"/> |
| Before age 35? _____ Before age 50 _____ | | |
| Cause _____ | | |
| *3. Have you ever had a concussion, loss of consciousness, been knocked out or had a head injury? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, how many times? _____ | | |
| *4. Have you ever had heat stroke or heat exhaustion? | <input type="checkbox"/> | <input type="checkbox"/> |
| *5. Do you wheeze or cough during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have any history of asthma? | <input type="checkbox"/> | <input type="checkbox"/> |
| *6. Do you have any allergies? (medications, bee sting, pollens, etc.) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| *7. Any injuries since last exam? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, list injuries: _____ | | |
| *8. Do you take any medication? (include vitamins and nonprescription drugs) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| *9. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you ever been hospitalized? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had surgery? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, explain _____ | | |
| 11. If female, when was your first menstrual period? _____ | | |
| When was your most recent menstrual period? _____ | | |
| 12. In the last year, what was your: | | |
| Lowest weight _____ Your highest weight _____ | | |
| What do you think is your ideal weight? _____ | | |
| 13. Immunizations: Last tetanus _____ | | |
| Measles, Mumps, German Measles (MMR) (1) _____ (2) _____ | | |
| Hepatitis B (1) _____ (2) _____ (3) _____ | | |
| *14. Circle any of the following you have had: | | |
| Abnormal bleeding/bruising | Anemia | |
| Appendicitis | Broken bones/stress fracture | |
| Bronchitis | Chicken Pox | |
| Diphtheria | Diabetes | |
| Dislocation (shoulder, etc.) | Frequent Colds | |
| Hearing Impairment | Heart murmur/palpitations | |
| Hepatitis/jaundice | Hernia | |
| High blood pressure | Influenza (flu) | |
| Kidney Disease | Loss of eye sight | |
| Pneumonia | Polio | |
| Rheumatic fever | Scarlet Fever | |
| Scoliosis (curvature of spine) | Seizures | |
| Sickle-cell disease | Single organs (kidney, eye, etc.) | |
| Tuberculosis | Undescended testicle | |
| Other _____ | | |
| <input type="checkbox"/> I have had none of the above problems. | | |
| 15. Do you use seat belts on a regular basis? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Do you use tobacco or alcohol | <input type="checkbox"/> | <input type="checkbox"/> |

* Must be answered for participation in athletics

Additional Comments: _____

Student's Signature _____ Date _____

EXAMINATION

*Ht _____ Wt _____ BP _____/_____ Pulse _____

Vision R _____ L _____

Hearing

kHz	0.25	0.5	1	2	3	4	6	8
R								
L								

***MEDICAL EXAM**

(cross out if omitted) Normal Abnormal Comments

HEENT

- | | | | |
|-------------------|-------|-------|-------|
| Eyes | _____ | _____ | _____ |
| Ears | _____ | _____ | _____ |
| Nose | _____ | _____ | _____ |
| Throat | _____ | _____ | _____ |
| Dental | _____ | _____ | _____ |
| Thyroid | _____ | _____ | _____ |
| Nodes | _____ | _____ | _____ |
| Lungs | _____ | _____ | _____ |
| Heart/Murmurs | _____ | _____ | _____ |
| Abdomen | _____ | _____ | _____ |
| Genitalia (males) | _____ | _____ | _____ |
| Hernia | _____ | _____ | _____ |
| Skin | _____ | _____ | _____ |
| Neck | _____ | _____ | _____ |
| Upper Extremities | _____ | _____ | _____ |
| Back/Spine | _____ | _____ | _____ |
| Lower Extremities | _____ | _____ | _____ |
| Neuro. | _____ | _____ | _____ |

Labs (If required)

UA dip: Ap _____ col _____ sp gr _____ pH _____ Pr _____ sug _____ Ket _____
 Bld _____ Bil _____ Uro _____ leuk _____ nitr _____
 Hgb: _____

Certification for Participation in Physical Education/Athletic Activities

I herewith certify that the student named above has been evaluated as indicated by the above record to be physically fit to participate in physical education activities and/or interscholastic athletics, except as noted below. Any exceptions or required modifications should be re-evaluated annually or as specified.

Modifications or exceptions: _____

- Deferred pending further evaluation for _____
 - A copy of this form should go with this individual to all sporting activities.
- Required medication: _____

Physician Signature: _____ Date: _____

I do not know of any existing physical condition or additional health reason that would preclude participation in sports. I certify that the answers to the above questions are true and accurate. I approve participation in athletic activities.

I hereby authorize release to the school nurse of the information contained in this document. Upon written request, I may receive a copy of this document for my personal health care provider.

Signature _____ Date _____
(Parent or Legal Guardian)

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 _____

NEBRASKA CHRISTIAN HIGH SCHOOL
1847 Inskip Avenue
Central City, Nebraska 68826
(308) 946-3836

Travel Permit Sheet

STUDENT'S NAME: _____

I give permission for my son/daughter to:
(please check those that apply)

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

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

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: _____
(Signature)

Date: _____

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