

# New Covenant School

303 Simpson Rd. \* Anderson, SC 29621

(864) 224-5675 (864) 224-5985 (fax)

## Application for Admission

School Year \_\_\_\_\_ Date Submitted \_\_\_\_\_

Applying for Grade \_\_\_\_\_ Social Security Number \_\_\_\_\_ (for transcript purposes)

1. **STUDENT INFORMATION (If applying for more than one child, please list on a separate sheet of paper and attach):**

NAME \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Sex: \_\_\_ F \_\_\_ M Birth Date: Month \_\_\_ Day \_\_\_ Year \_\_\_ Current/Last Grade \_\_\_\_\_

2. **PARENT INFORMATION:**

Father's Name \_\_\_\_\_ Cell # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell # \_\_\_\_\_

Family email address: \_\_\_\_\_

Child living With: Both Parents \_\_\_ Mother \_\_\_ Father \_\_\_ Mother & Stepfather \_\_\_  
Father & Stepmother \_\_\_ Other (Please Specify) \_\_\_\_\_

If divorced, are there restrictions on custody, visitation, etc, of which we should be aware?  
\_\_\_ Yes \_\_\_ No (If yes, please describe)

**Occupations:**

Father \_\_\_\_\_ Mother \_\_\_\_\_

Place of \_\_\_\_\_ Place of \_\_\_\_\_

Employment \_\_\_\_\_ Employment \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

A. Do you have regular family prayer and Bible reading in your home? Yes \_\_\_ No \_\_\_  
Please give a brief description of prayer and Bible time and the frequency of it.

B. On what Biblical principles do you base your home life?

C. Briefly describe (paragraph) how each parent came to know Jesus Christ as Savior and Lord of their life. You may use extra paper if necessary.

**3. Academic And Health Information:**

A. List all schools attended, including Kindergarten/Preschool:

Name of School Address City, State, Zip Grades

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B. Has your child ever repeated a grade, skipped a grade, had any remedial or accelerated instruction or been recommended for such? If yes, please explain.

C. Does your child have any academic limitations (ADD, ADHD, or Learning Disabilities) that affect his/her academic achievement? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, explain on separate sheet and include a Psychological Evaluation where applicable.)

D. Please list any medications your child is taking on a regular basis.  
If medication is to be taken at school, please list name and dosage directions.

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- E. Has your child ever been suspended or expelled from school? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If Yes, please explain.)
- F. Please describe any unusual health problems such as allergic reactions, and describe any limitations your child may have.

**4. CHURCH INFORMATION:**

A. Church membership:

Father \_\_\_\_\_ Length of Membership \_\_\_\_\_  
(Name of Church)

Mother \_\_\_\_\_ Length of Membership \_\_\_\_\_  
(Name of Church)

Which most accurately describes your church attendance?

Active \_\_\_\_\_ Attend Occasionally \_\_\_\_\_ Children Attend \_\_\_\_\_

B. What relationship does church membership and attendance have to spiritual growth?

C. Why do you wish to send your child to New Covenant School?

D. Has your child been baptized? If yes, give age or date.

E. Has your child made a profession of faith in Christ for salvation? If yes, give age or date.

F. Are there brothers or sisters currently applying to New Covenant School?  
If yes, please list names, ages, and grades.

Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

**5. This question should be completed by the student.  
Parents can assist Grammar School applicants.**

A. Why do you want to attend New Covenant School?

B. Who are you? (Give a brief autobiographical sketch of yourself.)

**6. Reference Information:**

Please give names, phone numbers and addresses of the following for references:  
(Incomplete information may delay the processing of your application).

A. Staff Member of your church who knows you well:

B. Staff member of New Covenant Church who knows you well. (If Applicable)

C. How did you hear about New Covenant School?

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For Office Use: Application Received \_\_\_\_\_ Application Fee Received \_\_\_\_\_ Grades \_\_\_\_\_  
Teacher Recommendation Form Received \_\_\_\_\_ Church Leader Form Received \_\_\_\_\_  
Standardized Testing Received \_\_\_\_\_ Interview Scheduled \_\_\_\_\_  
Accepted \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Date Notified \_\_\_\_\_