



## NEIGHBORHOOD CHRISTIAN SCHOOLS

### Steps to Apply for New Student Admission

1. Read the Student Handbook including the Statement of Faith (beginning on page 3) in their entirety and if in agreement, sign the Student Handbook Agreement form included in the Enrollment Packet
2. Complete the **Application for New Admission** by the required date (see the fee schedule below).
3. Regular church attendance at a like-minded church (please refer to the Statement of Faith) is required for re-admission to NCS. A Pastor Reference form is included in the re-enrollment packet and must be given to the family's pastor and returned to NCS for the enrollment application to be processed.
4. Return the Student Application, the Student Handbook Agreement form, a copy of your 2024 Tax Return along with a check for the application fee per student (non-refundable) as seen in the table below:  
**Mail application documents to:**  
**Neighborhood Christian Schools**  
**P.O. Box 497**  
**Willow Springs, MO 65793**
5. Family Meeting: Your family will be contacted to set up an interview with the Headmaster and Campus Coordinator.
6. Student Assessment: Your family will be contacted to schedule academic assessments for each student applying for enrollment.
7. Notification of acceptance or denial will be mailed to each applicant. Accepted applicants will receive all appropriate information to prepare for school, including financial arrangements.

For more information, contact our office at 417-469-1117 or [ncsoffice7@gmail.com](mailto:ncsoffice7@gmail.com).

#### New Student Application Fee:

<b>Apply by:</b>	
March 1 - April 30	\$25.00 per student
May 1 - June 30	\$50.00 per student
July 1 - July 15	\$75.00 per student



# NEIGHBORHOOD CHRISTIAN SCHOOLS

## APPLICATION FOR ADMISSION

### FAMILY INFORMATION

**Father/Guardian Name:** \_\_\_\_\_

Relationship if not Father: \_\_\_\_\_

Marital Status:     Married     Single     Divorced     Separated     Widowed

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Employer: \_\_\_\_\_

**Mother/Guardian Name:** \_\_\_\_\_

Relationship if not Mother: \_\_\_\_\_

Marital Status:     Married     Single     Divorced     Separated     Widowed

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Employer: \_\_\_\_\_

Are any siblings of the applicant(s) presently attending Neighborhood Christian Schools?     Yes     No

Is anyone in the household a staff or faculty member of Neighborhood Christian Schools?     Yes     No

Has anyone in the household applied to Neighborhood Christian Schools in the past?     Yes     No

Which family members currently attend church at least weekly?

Student(s)     Father     Mother     Entire Family

Current Church: \_\_\_\_\_ How Long Attended: \_\_\_\_\_

**Student #1**

Student Full Name: \_\_\_\_\_  Male  Female

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Grade Applying For: \_\_\_\_\_

Address: (if different from parents) \_\_\_\_\_

Student E-Mail: \_\_\_\_\_

Student Cellphone: \_\_\_\_\_

Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Has the student ever been dismissed, suspended, or withdrawn from any school?  Yes  No

If yes, please provide explanation on a separate sheet of paper.

Please indicate any medical conditions of which faculty or staff should be aware:

- Vision  Hearing  Diabetes  Seizures/Epilepsy  Cardiovascular
- Asthma/Upper Respiratory  Allergies (seasonal, food, bee stings, etc.)  Other

Please list any current medications Student is taking: \_\_\_\_\_

**Educational:**

Has Student ever been diagnosed with a learning disability?  Yes  No

Has Student ever been recommended for educational testing?  Yes  No

Does Student currently have an IEP (Individualized Education Program)?  Yes  No

Please indicate any learning styles or physical limitations that you, a doctor, or an educator has observed:

- Speech  Sensory Integration  Dyslexia  Dyscalculia (math expression)
- Language (comprehension or verbal & written expression)  Physical Therapy
- Attention (focus, following multistep directions, completing tasks)  Autism/Asperger's
- Dysgraphia (issues with spelling, handwriting, putting thought on paper)
- Executive Function (organization, memorizing, working independently, retaining information)

**Social & Emotional**

Does Student get along well with other children?  Yes  No

Does Student get along well with adults?  Yes  No

How does Student feel about him/herself? \_\_\_\_\_

List any concerns about your child's emotions (anxiety, fear, anger, etc.) on a separate sheet.

**Student #2**

Student Full Name: \_\_\_\_\_  Male  Female

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Grade Applying For: \_\_\_\_\_

Address: (if different from parents) \_\_\_\_\_

Student E-Mail: \_\_\_\_\_

Student Cellphone: \_\_\_\_\_

Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Has the student ever been dismissed, suspended, or withdrawn from any school?  Yes  No

If yes, please provide explanation on a separate sheet of paper.

Please indicate any medical conditions of which faculty or staff should be aware:

- Vision  Hearing  Diabetes  Seizures/Epilepsy  Cardiovascular  
 Asthma/Upper Respiratory  Allergies (seasonal, food, bee stings, etc.)  Other

Please list any current medications Student is taking: \_\_\_\_\_

**Educational:**

Has Student ever been diagnosed with a learning disability?  Yes  No

Has Student ever been recommended for educational testing?  Yes  No

Does Student currently have an IEP (Individualized Education Program)?  Yes  No

Please indicate any learning styles or physical limitations that you, a doctor, or an educator has observed:

- Speech  Sensory Integration  Dyslexia  Dyscalculia (math expression)  
 Language (comprehension or verbal & written expression)  Physical Therapy  
 Attention (focus, following multistep directions, completing tasks)  Autism/Asperger's  
 Dysgraphia (issues with spelling, handwriting, putting thought on paper)  
 Executive Function (organization, memorizing, working independently, retaining information)

**Social & Emotional**

Does Student get along well with other children?  Yes  No

Does Student get along well with adults?  Yes  No

How does Student feel about him/herself? \_\_\_\_\_

List any concerns about your child's emotions (anxiety, fear, anger, etc.) on a separate sheet.

**Student #3**

Student Full Name: \_\_\_\_\_  Male  Female

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Grade Applying For: \_\_\_\_\_

Address: (if different from parents) \_\_\_\_\_

Student E-Mail: \_\_\_\_\_

Student Cellphone: \_\_\_\_\_

Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Has the student ever been dismissed, suspended, or withdrawn from any school?  Yes  No

If yes, please provide explanation on a separate sheet of paper.

Please indicate any medical conditions of which faculty or staff should be aware:

- Vision  Hearing  Diabetes  Seizures/Epilepsy  Cardiovascular
- Asthma/Upper Respiratory  Allergies (seasonal, food, bee stings, etc.)  Other

Please list any current medications Student is taking: \_\_\_\_\_

**Educational:**

Has Student ever been diagnosed with a learning disability?  Yes  No

Has Student ever been recommended for educational testing?  Yes  No

Does Student currently have an IEP (Individualized Education Program)?  Yes  No

Please indicate any learning styles or physical limitations that you, a doctor, or an educator has observed:

- Speech  Sensory Integration  Dyslexia  Dyscalculia (math expression)
- Language (comprehension or verbal & written expression)  Physical Therapy
- Attention (focus, following multistep directions, completing tasks)  Autism/Asperger's
- Dysgraphia (issues with spelling, handwriting, putting thought on paper)
- Executive Function (organization, memorizing, working independently, retaining information)

**Social & Emotional**

Does Student get along well with other children?  Yes  No

Does Student get along well with adults?  Yes  No

How does Student feel about him/herself? \_\_\_\_\_

List any concerns about your child's emotions (anxiety, fear, anger, etc.) on a separate sheet.

**Student #4**

Student Full Name: \_\_\_\_\_  Male  Female

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Grade Applying For: \_\_\_\_\_

Address: (if different from parents) \_\_\_\_\_

Student E-Mail: \_\_\_\_\_

Student Cellphone: \_\_\_\_\_

Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Has the student ever been dismissed, suspended, or withdrawn from any school?  Yes  No

If yes, please provide explanation on a separate sheet of paper.

Please indicate any medical conditions of which faculty or staff should be aware:

- Vision  Hearing  Diabetes  Seizures/Epilepsy  Cardiovascular  
 Asthma/Upper Respiratory  Allergies (seasonal, food, bee stings, etc.)  Other

Please list any current medications Student is taking: \_\_\_\_\_

**Educational:**

Has Student ever been diagnosed with a learning disability?  Yes  No

Has Student ever been recommended for educational testing?  Yes  No

Does Student currently have an IEP (Individualized Education Program)?  Yes  No

Please indicate any learning styles or physical limitations that you, a doctor, or an educator has observed:

- Speech  Sensory Integration  Dyslexia  Dyscalculia (math expression)  
 Language (comprehension or verbal & written expression)  Physical Therapy  
 Attention (focus, following multistep directions, completing tasks)  Autism/Asperger's  
 Dysgraphia (issues with spelling, handwriting, putting thought on paper)  
 Executive Function (organization, memorizing, working independently, retaining information)

**Social & Emotional**

Does Student get along well with other children?  Yes  No

Does Student get along well with adults?  Yes  No

How does Student feel about him/herself? \_\_\_\_\_

List any concerns about your child's emotions (anxiety, fear, anger, etc.) on a separate sheet.

**Please check all statements that you are in agreement with and then each parent is asked to sign below.**

- I/We agree and promise to fulfill my responsibility as a parent of Neighborhood Christian Schools student. I understand that is necessary that I remain involved with my student's education at home and informed concerning what is happening at school. I understand my student may be expelled at any time for immoral, illegal, dishonest, disruptive, or unsafe behavior, or undesirable attitude as solely determined by Neighborhood Christian Schools. Fees will not be refunded for such dismissal.**
- I/We give permission for Neighborhood Christian Schools to acquire grade, transcript, and discipline information from previous school(s) as deemed necessary.**
- I/We understand that submitting an Application for Enrollment and appropriate application fee do not guarantee admission to Neighborhood Christian Schools. I understand that Neighborhood Christian Schools will assess student grade level and family Church involvement/membership as part of the admissions process.**

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Parent/Guardian Signature

Date

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Parent/Guardian Signature

Date

**Please return Application, all requested documents, and Application Fee to the NCS Office in person or by mailing to:**

**PO Box 497**

**Willow Springs, MO 65793**

**Questions? Please call the Neighborhood Christian Schools Office at 417-469-1117**



NEIGHBORHOOD  
CHRISTIAN SCHOOLS

P.O. Box 497  
Willow Springs, MO 65793  
website: [www.classicalncs.com](http://www.classicalncs.com)  
Email: [ncsoffice7@gmail.com](mailto:ncsoffice7@gmail.com)  
Office: 417-469-1117

## Pastor Reference Form

Student's Name \_\_\_\_\_

Parents' Names \_\_\_\_\_

**Dear Pastor,**

Neighborhood Christian Schools (NCS) is a private Christian school with a vision "to produce graduates of character who love God and are equipped academically, spiritually, and vocationally to understand God's world and live out their calling to the glory of God." We are seeking families who will help further this vision.

**Please complete this reference form and mail it to the school at the above address.** All responses are confidential and will be used only in service to the family in keeping with the school's vision. Thank you for your reference and time.

1. How long have you known this family? \_\_\_\_\_

2. How would you describe this family's commitment to Christ and his church?

\_\_\_\_\_  
\_\_\_\_\_

3. Family's church attendance: \_\_\_\_\_ Weekly  
\_\_\_\_\_ Monthly  
\_\_\_\_\_ Occasionally  
\_\_\_\_\_ Never

4. Family's church relationship: \_\_\_\_\_ members in good standing  
\_\_\_\_\_ not members, but exhibit commitment  
\_\_\_\_\_ not supportive

5. Do you consider the members of this family open to spiritual instruction?

\_\_\_\_\_  
\_\_\_\_\_

6. Describe all leadership roles the parents have filled:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



7. Describe this family's service within the church body:

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8. Would you recommend this applicant for admission to NCS?

- Highly recommend
- Recommend
- Recommend with some reservation
- Do not recommend

Additional Comments:

Pastor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Church: \_\_\_\_\_ Phone: \_\_\_\_\_

Church Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip \_\_\_\_\_



# NEIGHBORHOOD CHRISTIAN SCHOOLS

## Student Handbook Agreement

I agree and promise to fulfill my responsibility as a parent or student of Neighborhood Christian Schools. I understand that a student may be expelled at any time for immoral, illegal, dishonest, disruptive, or unsafe behavior, or undesirable attitude as solely determined by Neighborhood Christian Schools.

Fees will not be refunded.

**\*Please read the Student Handbook in its entirety before signing below.\***

*I acknowledge that I have read and agree to the Student Handbook, including the Statement of Faith, and will follow all of the expectations laid out for me within this document.*

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
Student Signature Date

### HONOR CODE

*I agree to be an honest, trustworthy, caring, and responsible citizen.  
I will uphold these values in others and myself.*

\_\_\_\_\_  
Student Signature Date