



NEIGHBORHOOD CHRISTIAN SCHOOLS

2026-2027 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Has the student ever been dismissed, suspended, or withdrawn from any school?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.**

Parent/Guardian Signature

Date

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