



New Life Christian Academy Enrollment Procedures

K3 must be 3 years of age by September 1st and *fully* potty trained

K4 must be 4 years of age by September 1st

K5 must be 5 years of age by September 1st

1st Grade must be 6 years of age by September 1st

Please read through the registration information carefully. The following information is needed for your child to begin the enrollment process. Please understand that without a complete enrollment packet and application fee, we are unable to schedule an entrance exam or interview.

Notes: New students may not be more than 1 year behind his/her age appropriate grade. NLCA will accept foreign exchange students on an individual case basis.

- Student Enrollment Application
- Enrollment Questionnaire
- Pastoral Recommendation
- Teacher(s) Recommendation
- Principal/Director Recommendation
- Copy of most recent Report Card (*if applicable*)
- Immunization Records
- Physical Form
- Copy of SS card
- Copy of Birth Certificate
- Student Emergency Authorization
- Student Record Release Form
- Legal Documents (*if applicable*)
- Copy of Parent(s)' or Legal Guardians' ID
- Application Fee

Upon the submission of a complete enrollment packet, the admissions office will schedule a date / time for the entrance exam.

1. The Administrative Interview will be scheduled upon the completion of the Exam
2. The Registration fee is to be paid on the date of the interview.
3. Attend the Orientation, if enrollment is at the beginning of the year. If enrollment is during the year, view the orientation video.

Note: In submitting the Application for Enrollment, it is my desire for my child to complete this school year. It is also my understanding that the school policy is that refunds are not given for registration or any other fees.



STUDENT ENROLLMENT APPLICATION

NEW LIFE CHRISTIAN ACADEMY

For Office Use Only
Student ID # _____

Section 1: STUDENT INFORMATION

Date: _____ School Year: _____ to _____ Grade Applying For _____

Full Legal Name: _____ Goes By: _____

Address: _____ City: _____ State: _____ Zip: _____

SSN: _____ DOB: ___/___/___ Age: _____ Gender: M F Height: _____ Weight: _____

Please Check One: Asian / Pacific Black/Non-Hispanic Caucasian Hispanic Other _____

Section 2: PARENTAL INFORMATION (Please complete for legal guardians with whom the child lives)

(1) _____ (2) _____

Father Step-Father Grandfather Other _____ Mother Step-Mother Grandmother Other _____

Address: _____ Address: _____

Check if same as above

Check if same as above

Home # _____ Cell # _____ Home # _____ Cell # _____

Employer: _____ Employer: _____

Occupation: _____ Occupation: _____

Work # _____ Work # _____

Email: _____ Email: _____

Marital Status: Single Married Divorced Widowed Separated

In the event the child lives between 2 households, the mother will be the primary contact until we receive legal documents stating otherwise.

Section 3: STUDENT PICK UP

Please list the names of the individuals authorized to pick up your child from school.

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

NEW LIFE CHRISTIAN ACADEMY
ENROLLMENT QUESTIONNAIRE

Date: _____ Name: _____ Age: _____ Grade: _____

In regards to your child, please answer all questions truthfully. Inaccurate, or falsified, information may lead to your child's dismissal from the Academy.

For all questions in which a "Yes" is checked, please provide details below.

1. Has your child ever been recommended for special education? Yes No
2. Has your child ever been held back or not promoted to the next grade? Yes No
3. Has your child ever been placed under child protective custody? Yes No
4. Has your child ever been suspended (including I.S.S.) or expelled from school? Yes No
5. Has your child ever been sent to an alternative (disciplinary) school? Yes No
6. Has your child ever been to Juvenile Court or placed in the Juvenile Justice System? Yes No
7. Is your child on prescribed or maintenance medication? Yes No
8. Has your child ever been diagnosed as Attention Deficit or Hyperactive? Yes No
9. Has your child ever been in trouble for drugs or alcohol in any way? Yes No
10. Has your child ever been associated with a gang? Yes No
11. Has your child ever been placed on Academic probation? Yes No
12. Does your child have tattoos or body piercing? Yes No

Please provide details for all above "Yes" boxes:

I certify that I am the legal parent/guardian of the student named on this questionnaire and that I have answered all questions truthfully to the best of my knowledge. I understand that information intentionally withheld may result in my child's dismissal from the Academy.

Signature

2/7/2010



STUDENT QUESTIONNAIRE

FOR APPLICANTS IN GRADES 6TH-

The student is to complete this questionnaire without assistance. Please enclose this form with your enrollment packet.

School Year: _____

Grade Applying For: _____

Name: _____

Goes By: _____

Estimate your standing in your entire grade by circling one:

1st (Top) Quarter

2nd Quarter

3rd Quarter

4th (Bottom) Quarter

How many students are in your grade? _____

If your grade is divided into sections according to ability, in what subjects are you most advanced? _____

List academic subjects of greatest interest to you _____

List academic subjects of least interest to you _____

How many hours a week do you spend on required homework? _____

About how much time a month do you read for pure pleasure? _____

Name two books you have especially enjoyed in the last year _____

Please answer the following questions wherever appropriate, with special emphasis on your significant activities of the past 3 years. Be as specific as possible. Mention awards won for special proficiency activities. We do not expect you to have done nearly all the things suggested below, but we do want you to have a chance to enumerate those in which you have taken an active interest.

<u>CREATIVE ACTIVITIES</u>	<u>GRADE</u>	<u>GRADE</u>	<u>GRADE</u>
Musical	_____	_____	_____
Artistic	_____	_____	_____
Scientific	_____	_____	_____
Library, Dramatic, and Debating	_____	_____	_____
Camp and scouting activity and advancement	_____	_____	_____
Team Activities	_____		
Travel	_____		
Hobbies	_____		



New Life Christian Academy

6622 Highway 90 West

San Antonio, TX 78227

(210) 679-6001 Office (210) 679-6080 Fax

www.newlifeca.org

STUDENT EMERGENCY AUTHORIZATION

An emergency card must be on file for each student

Student Information					
	School Year	Grade	<input type="checkbox"/>	<input type="checkbox"/>	M F
Student's Legal Name	_____				
Student's Home Address	_____				
Student's Home #	_____	S.S. #	_____		

Parent / Guardian Information	New Life Christian Academy requires a telephone number where a parent/guardian can be reached in case of an emergency.				
Father/Legal Guardian	_____		Place of Business	_____	
Home Phone	() _____	Work Phone	() _____	Cell Phone	() _____
Mother/Legal Guardian	_____		Place of Business	_____	
Home Phone	() _____	Work Phone	() _____	Cell Phone	() _____
Please list names of other adults who are authorized to pick up your student and make important decisions if necessary.					
() () ()					
Name of Adult #1	Relationship	Home Phone	Work Phone	Cell Phone	
		()	()	()	
Name of Adult #2	Relationship	Home Phone	Work Phone	Cell Phone	

Medical Information

Please complete the following. Unless otherwise restricted by law, special health problems will be shared with appropriate staff and faculty to provide the best possible care for your student. Check all that apply.

Student Physician

Address

City

State

Telephone ()

Preferred Hospital:

Telephone ()

New Life Christian Academy does not assume any financial responsibility, but will provide or arrange emergency care. By signing this card you are giving the appropriate school personnel authority to call EMS, to transport, or to obtain medical care if you or the alternate adult cannot be reached.

CONDITION

List any other health condition that would be significant in the care of your child at school.

Asthma**Diabetes****Does the child take medication?**
 Yes No If yes, please explain
Epilepsy/Seizure Disorder

Date of last seizure:

Heart: Type of condition
 Allergies-Type (food, insect, other)
 Reaction Mild Severe
Updated Immunizations: Yes No

If yes, when:

Epipen: Yes No**Vision:** Glasses Contacts Visual Impairment**Has child had a hearing test:** Yes No If yes, when?**Scoliosis:** Date Diagnosed: Treatment**If your child has a fever requiring medication, you would like him/her to receive:**

I hereby grant permission for emergency medical/nursing care to be given by the attending physician and/or school personnel. I also give permission for EMS to be called and/or my child to be transported as necessary by school personnel. I will NOT hold New Life Christian Academy financially responsible for the emergency care and/or transportation of my child.

Signature of Parent/Guardian**Date**

2/7/2010



CONFIDENTIAL MATH TEACHER RECOMMENDATION FORM

Student's Name _____ D.O.B _____

The above named student has applied for admission to New Life Christian Academy. In order to make an intelligent selection of students and to adequately meet their needs, we must obtain as much information as possible before he/she comes to us. We ask that you complete this form only answering the questions about which you have knowledge. The information you give will be kept in strict confidence. **Once completed please mail or fax to:**

**New Life Christian Academy
Attn: Admissions
6622 Highway 90 West
San Antonio, TX 78227
210-679-6080 (Fax)**

Please indicate your rating by numbers in the right-hand column. Use a question mark where you have insufficient evidence.

	5	4	3	2	1	RATING
ACADEMIC ABILITY	Exceptional	Above Average	Average	Lower Marginal Ability	Poor Academic Risk	
INITIATIVE, DRIVE	Outstanding takes the initiative	Above Average Needs little Direction	Average	Occasionally weak or lacking	Very Weak	
LEADERSHIP & RESPONSIBILITY	Highly Respected, Well Liked	Influential & Respected	Accepted, but not sought out	No signs of leadership or involvement	Irresponsible	
ACHIEVEMENT	Outstanding Promotes Involvement	Commendable Team-player	Active	Minor Participation	No Participation	
ABILITY TO WORK ALONE	Exceptional	Very Good	Average	Sometimes Unsupportive	Very Unsupportive	
PEER RELATIONSHIPS	Respected, Good choices in friends	Respected & Liked	Sociable, Influenced by Peers	Makes sociable contact	Unsociable	
CHARACTER	Completely trustworthy	Dependable	Exhibits some deceptions	Dishonest	Untrustworthy	
EMOTIONAL STABILITY	Extremely Well Balanced	Well Balanced	Usually No Problems	Some Problems	Highly Emotional	
ATTENTIVE LISTENER	Outstanding	Above Average	Average	Below Average	Poor	

Behavioral Record	Work Habits	Parent Involvement	Areas of Concern(s)
<input type="checkbox"/> Excellent <input type="checkbox"/> Average <input type="checkbox"/> Poor	<input type="checkbox"/> Strong <input type="checkbox"/> Average <input type="checkbox"/> Weak, please explain _____ _____	<input type="checkbox"/> Excellent <input type="checkbox"/> Average <input type="checkbox"/> Weak <input type="checkbox"/> None	_____ _____ _____ _____

Student's strength's: _____

Teacher's Name (Print) _____ Signature _____ Date _____

2/7/2010



CONFIDENTIAL ENGLISH TEACHER RECOMMENDATION FORM

Student's Name _____ D.O.B _____

The above named student has applied for admission to New Life Christian Academy. In order to make an intelligent selection of students and to adequately meet their needs, we must obtain as much information as possible before he/she comes to us. We ask that you complete this form only answering the questions about which you have knowledge. The information you give will be kept in strict confidence. **Once completed please mail or fax to:**

**New Life Christian Academy
Attn: Admissions
6622 Highway 90 West
San Antonio, TX 78227
210-679-6080 (Fax)**

Please indicate your rating by numbers in the right-hand column. Use a question mark where you have insufficient evidence.

	5	4	3	2	1	RATING
ACADEMIC ABILITY	Exceptional	Above Average	Average	Lower Marginal Ability	Poor Academic Risk	
INITIATIVE, DRIVE	Outstanding takes the initiative	Above Average Needs little Direction	Average	Occasionally weak or lacking	Very Weak	
LEADERSHIP & RESPONSIBILITY	Highly Respected, Well Liked	Influential & Respected	Accepted, but not sought out	No signs of leadership or involvement	Irresponsible	
ACHIEVEMENT	Outstanding Promotes Involvement	Commendable Team-player	Active	Minor Participation	No Participation	
ABILITY TO WORK ALONE	Exceptional	Very Good	Average	Sometimes Unsupportive	Very Unsupportive	
PEER RELATIONSHIPS	Respected, Good choices in friends	Respected & Liked	Sociable, Influenced by Peers	Makes sociable contact	Unsociable	
CHARACTER	Completely trustworthy	Dependable	Exhibits some deceptions	Dishonest	Untrustworthy	
EMOTIONAL STABILITY	Extremely Well Balanced	Well Balanced	Usually No Problems	Some Problems	Highly Emotional	
ATTENTIVE LISTENER	Outstanding	Above Average	Average	Below Average	Poor	

Behavioral Record	Work Habits	Parent Involvement	Areas of Concern(s)
<input type="checkbox"/> Excellent <input type="checkbox"/> Average <input type="checkbox"/> Poor	<input type="checkbox"/> Strong <input type="checkbox"/> Average <input type="checkbox"/> Weak, please explain _____ _____	<input type="checkbox"/> Excellent <input type="checkbox"/> Average <input type="checkbox"/> Weak <input type="checkbox"/> None	_____ _____ _____ _____

Student's strength's: _____

Teacher's Name (Print) _____ Signature _____ Date _____

2/7/2010



CONFIDENTIAL PRINCIPAL RECOMMENDATION FORM

Parents should complete this section and then give this form to the Principal or other authorized personnel.

Applicant's Name _____ Grade Applying For _____ DOB _____

The above named student has applied for admission to New Life Christian Academy. In order to make an intelligent selection of students and to adequately meet their needs, we must obtain as much information as possible before he/she comes to us. We ask that you complete this form only answering the questions about which you have knowledge. The information you give will be kept in strict confidence.
Once completed please mail or fax to:

New Life Christian Academy
6622 Highway 90 West
San Antonio, TX 78227
210-679-6080 Fax

Name of School _____ Principal's Name (print) _____

Phone Number (____) _____ Length of time acquainted with student _____

This student has been sent to my office for disciplinary problems: Often Seldom Never

This student has been suspended _____ times.

Has the student been expelled and therefore not eligible to return next year? Yes No

If yes, please explain _____

Does this candidate have any personal circumstances that will interfere with academic achievement? _____

Please indicate your rating by numbers in the right-hand column. Use a question mark where you have insufficient evidence.

	5	4	3	2	1	RATING
INTEGRITY	Exceptional	Above Average	Honest	Weak or Questionable	Dishonest	
CONDUCT	Outstanding	Above Average	Average	Marginal	Intolerable	
LEADERSHIP & RESPONSIBILITY	Outstanding Can train and produce leaders	Commendable, Works without supervision	Capable minor positions	No signs of leadership or involvement	Irresponsible	
INTEREST IN NON-ACADEMIC ACTIVITIES	Outstanding, Promotes Involvement	Commendable Team-player	Active	Minor Participation	No Participation	
INTEREST IN ACADEMIC ACTIVITIES	Outstanding	Commendable	Active	Minor Participation	No Participation	
RESPECT FOR AUTHORITY	Extremely Respectful	Very Respectful	Respectful	Sometimes Disrespectful	Very Disrespectful	
PARENTAL SUPPORT	Exceptional	Very Good	Average	Sometimes Unsupportive	Very Unsupportive	
PARENT INVOLVEMENT	Exceptional	Very Good	Average	Some Involvement	Little / No Involvement	
SUMMARY AS A PERSON	Outstanding	Excellent	Average	Below Average	Poor	

Authorized Signature _____ Date _____



PASTORAL RECOMMENDATION FORM

*Reaching this Generation
Through Christian Education*

This section should be completed by the applying student/family.

SECTION 1.

Name of Student _____ Family Name _____

Church Name _____ Phone Number _____

Pastor's Name _____ Years Attended _____

SECTION 2.

TO BE FILLED OUT BY AUTHORIZED PERSONNEL (CONFIDENTIAL)

Your recommendation is important. Once completed, please return this form to New Life Christian Academy, 6622 Hwy 90W, San Antonio, TX 78227. You may FAX the completed form to the Admission office at (210) 679-6080

Member of the Church:

FATHER:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
MOTHER:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
STUDENT:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown

Attendance:

FATHER:	<input type="checkbox"/> Regularly	<input type="checkbox"/> Occasional	<input type="checkbox"/> Seldom
MOTHER:	<input type="checkbox"/> Regularly	<input type="checkbox"/> Occasional	<input type="checkbox"/> Seldom
STUDENT:	<input type="checkbox"/> Regularly	<input type="checkbox"/> Occasional	<input type="checkbox"/> Seldom

Family Financially supports the church: Yes No Unknown

Please check all other activities/ministries in which the parents/student is involved:

	P	S		P		P	S
Choir/Music Ministry	<input type="checkbox"/>	<input type="checkbox"/>	Men's/Women's Ministry	<input type="checkbox"/>	Children's Ministry	<input type="checkbox"/>	<input type="checkbox"/>
Youth Group Lead	<input type="checkbox"/>	<input type="checkbox"/>	Sunday School Teacher	<input type="checkbox"/>	Bible Study	<input type="checkbox"/>	<input type="checkbox"/>

Other _____

Pastor's Name (Print) _____ Date _____

Authorized Signature _____ Title _____ Date _____



PREPARTICIPATION PHYSICAL EVALUATION MEDICAL HISTORY



This **MEDICAL HISTORY FORM** must be completed annually by parent (or guardian) and student in order for the student to participate in **TAPPS** athletic activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an athletic event.

STUDENT NAME (PRINT): _____
GENDER: _____ AGE: _____ DATE OF BIRTH: _____
HOME ADDRESS: _____
HOME PHONE: _____ PARENT CELL PHONE: _____
SCHOOL: _____ GRADE LEVEL: _____
PERSONAL PHYSICIAN: _____
PHYSICIAN PHONE: _____

In case of emergency contact:

NAME: _____ RELATIONSHIP: _____
HOME PHONE: _____ CELL PHONE: _____

Explain any "YES" answers on a separate piece of paper. Please circle questions for which you have no answer. Any "YES" answer to questions 1- 28 requires further medical evaluation which may include a physical examination. Written clearance from a physician, physicians assistant, chiropractor or nurse practitioner is required before any participation in **TAPPS** practices, games or matches.

	YES	NO
1. Have you had a medical illness or injury since your last checkup or sports physical?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been hospitalized overnight in the past year?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you get tired more quickly than your friends during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever experienced racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever had high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever had high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>
11. Has any family member or relative died of heart problems before age 50?	<input type="checkbox"/>	<input type="checkbox"/>
12. Has any family member or relative died of sudden unexpected death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>
13. Has any family member been diagnosed with enlarged heart (Dilated Cardiomyopathy)?	<input type="checkbox"/>	<input type="checkbox"/>
14. Has any family member been diagnosed with Hypertonic Cardiomyopathy?	<input type="checkbox"/>	<input type="checkbox"/>
15. Has any family member been diagnosed with Long QT Syndrome?	<input type="checkbox"/>	<input type="checkbox"/>
16. Has any family member been diagnosed with ion channelopathy (Brugada syndrome, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
17. Has any family member been diagnosed with Marfan's syndrome?	<input type="checkbox"/>	<input type="checkbox"/>
18. Have you had a severe viral infections (myocarditis, mononucleosis, etc) in the past year?	<input type="checkbox"/>	<input type="checkbox"/>
19. Has a physician ever denied or restricted your participation in sports for any heart problem?	<input type="checkbox"/>	<input type="checkbox"/>
20. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>
21. Have you ever been knocked out, become unconscious or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>
22. Have you ever experienced a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
23. Have you ever had numbness in your arms, hands, legs or feet?	<input type="checkbox"/>	<input type="checkbox"/>
24. Have you ever had a stinger, burner or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>
25. Are you missing any paired organs?	<input type="checkbox"/>	<input type="checkbox"/>
26. Are you presently under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>
27. Are you currently taking any prescription or nonprescription medications or inhalers?	<input type="checkbox"/>	<input type="checkbox"/>
28. Do you have any allergies?	<input type="checkbox"/>	<input type="checkbox"/>
29. Have you ever been dizzy before or during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
30. Do you currently have any skin problems (itching, acne, warts, fungus or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>
31. Have you ever become ill after exercising or working in the heat?	<input type="checkbox"/>	<input type="checkbox"/>

- | | YES | NO | | |
|---|------------------------------------|---------------------------------|-------------------------------------|-------------------------------|
| 32. Have you ever had any problems with your eyes or vision? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 33. Have you ever gotten unexpectedly short of breath with exercise? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 34. Do you have asthma? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 35. Do you have seasonal allergies that require medical treatment? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 36. Do you use any special protective or corrective equipment? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 37. Have you ever had a sprain, strain or swelling after injury? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 38. Have you ever broken or fractured any bones? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 39. Have you ever dislocated any joints? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 40. Have you ever had any problems with pain or swelling in muscles, tendons, bones or joints? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| If yes, please check the appropriate box and explain on separate sheet of paper. | | | | |
| <input type="checkbox"/> Head | <input type="checkbox"/> Shoulder | <input type="checkbox"/> Wrist | <input type="checkbox"/> Thigh | <input type="checkbox"/> Foot |
| <input type="checkbox"/> Neck | <input type="checkbox"/> Upper Arm | <input type="checkbox"/> Hand | <input type="checkbox"/> Knee | |
| <input type="checkbox"/> Back | <input type="checkbox"/> Elbow | <input type="checkbox"/> Finger | <input type="checkbox"/> Shin/ Calf | |
| <input type="checkbox"/> Chest | <input type="checkbox"/> Forearm | <input type="checkbox"/> Hip | <input type="checkbox"/> Ankle | |
| 41. Do you want to weigh more or less than you do now? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 42. Do you lose weight regularly to meet weight requirements for you Extra-Curricular Activities? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 43. Do you feel stressed out? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 44. Have you been diagnosed with or treated for Sickle Cell Trait or Sickle Cell Disease? | <input type="checkbox"/> | <input type="checkbox"/> | | |

Females Only

45. When was your first menstrual period? _____
46. When was your most recent menstrual period? _____
47. How much time elapses from the start of one period to the start of another? _____ days
48. How many periods have you had in the last year? _____
49. What was the longest time between period in the last year? _____ days

It is understood that even though protective equipment is worn by the athlete, whenever needed, the possibility of accident still remains. Neither the **Texas Association of Private and Parochial Schools**, nor the school assumes any responsibility in case an accident occurs.

If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or illness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse or school representative. I do hereby agree to indemnify and save harmless the school, TAPPS, and any school or hospital representative from any claim by any person on account of such care and treatment of said student.

If, in between this date and the beginning of athletic competition, any illness or injury should occur that may limit this student's participation, I agree to notify the authorities of such illness or injury.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful and complete responses could subject the student in question to penalties determined by the Texas Association of Private and Parochial Schools.

STUDENT SIGNATURE: _____ DATE: _____

PARENT / GUARDIAN NAME (PRINT): _____

PARENT SIGNATURE: _____ DATE: _____



PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION



STUDENT NAME (PRINT): _____
 GENDER: _____ AGE: _____ DATE OF BIRTH: _____
 HEIGHT: _____ WEIGHT: _____ % BODY FAT: _____
 PULSE: _____ BLOOD PRESSURE: ___/___ (___/___, ___/___) Brachial blood pressure while sitting
 VISION: R 20/___ L 20/___ CORRECTED: YES ___ NO ___ PUPILS: EQUAL ___ UNEQUAL: ___

In keeping with the requirements of the Texas Association of Private and Parochial Schools, as a minimum requirement, this **PHYSICAL EXAMINATION FORM** must be completed prior to high school athletic participation in the first and third years of high school. This form must be completed if there are yes answers to specific questions on the student's annual **MEDICAL HISTORY FORM**.

MEDICAL	NORMAL	ABNORMAL FINDINGS	INITIAL*
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart- Auscultation of the heart in supine position			
Heart- Auscultation of the heart in standing position			
Heart- Lower extremity Pulse			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
Marfan's Stigmata			

*Initials for station -based examination only

MUSULOSKELETAL	NORMAL	ABNORMAL FINDINGS	INITIAL*
Neck			
Back			
Shoulder / Arm			
Elbow / Forearm			
Wrist / Hand			
Hip / Thigh			
Knee			
Leg / Ankle			
Foot			
Other			

CLEARANCE

Cleared for participation

Cleared for participation after completing evaluation/ rehabilitation for: _____

Not cleared for participation

Recommendations: _____

Provider Name: _____ Date of Examination: _____

Provider Signature: _____

Provider Address: _____

Provider Phone Number: _____

**New Life Christian Academy
Secondary School Supply List
2010 – 2011**

The count for each item is 1 unless otherwise indicated

Jr. High - General

Backpack (*Clear or Mesh - REQUIRED*)
Large 3-Ring Binder
NASB Bible
Pkg. of Loose-leaf Paper – 3 (*college rule*)
Student Dictionary
Plastic School Supply Zip Bag
Pair of Scissors
Mechanical Pencils – 2
Lead Refill
Erasers
Colored Pencils
Multi-colored Markers
Ink Pens – 2 Pkgs. (Blue and Black)
(no felt or gel)
Spiral Notebooks – 5
Pkg. of Highlighters
3 x 5 Index Cards – lined
Glue Sticks - 3
Box of Tissue – 4 (**Required**)

Jr. High - Specifics

English & History

Pocket Folders w/ Brackets – 7 ea.
Composition Notebook - 4

Math & Science

Scientific Calculator
Ruler (in/cm)
Protractor & Compass
Composition notebook
Pk of Dry Erase Markers – (*thin*)

Spanish A/B

Spanish/English Dictionary
Spanish/English Bible
Pack of Dividers
Binder – (2”-3”)

Computer

Flash (Thumb, Jump, etc.) Drive –
256 MB min.

P.E. & Athletics

Combination Lock

High School - General

Backpack (*Clear or Mesh - REQUIRED*)
Large 3-Ring Binder
NASB Bible
Pkg. of Loose-leaf Paper – 3 (*college rule*)
Student Dictionary
Flash (Thumb, Jump, etc.) Drive – 256 MB min.
Student Stapler w/ staples
Pair of Scissors
Mechanical Pencils – 2
Lead Refill
Erasers
Colored Pencils
Multi-colored Markers
Ink Pens – 2 Pkgs. (Blue and Black) (*no felt or gel*)
Spiral Notebooks – 5 (*individual per subject*)
Pkg. of Highlighters
3 x 5 Index Cards – lined
Glue Sticks - 3
Box of Tissue – 4 (**Required**)

High School - Specifics

English & History

Pocket Folders w/ Brackets – 7 ea.
Composition Notebook – 2 (*non-spiral*)
Thesaurus

Math & Science

Scientific Calculator
Ruler (in/cm)
Protractor & Compass
Graphing paper
Composition notebook
Pk of Dry Erase Markers – (*thin*)

Spanish I & II

Spanish/English Dictionary
Composition Notebook (Journal) – 2
Spanish/English Bible

P.E. & Athletics

Combination Lock