



ADMISSIONS APPLICATION FOR THE 2018-2019 ACADEMIC YEAR

Application Process

Students interested in applying for admissions into Kearny Christian Academy apply for admission during our open enrollment period from February 1, 2018 through August 15, 2018. The admissions committee will review applications, and will select candidates to be interviewed. Final admissions decisions are made once the application process is complete.

This is a “self-managed” application process, in which the applicant or applicant’s parent(s)/guardian(s) are responsible for collecting the necessary materials and submitting them in one packet. Completed applications can be hand delivered or mailed directly to the school office at 22 Wilson Avenue, Kearny, NJ 07032. **Incomplete applications will not be reviewed.**

Applicant Checklist

- ✓ Completed application
- ✓ Transcript and/or Cumulative Record which reflects a total cumulative grade point average of a 75 or higher, with no grade lower than a 70 as a final average in any subject. (Provisional consideration will be given for the previous school’s grading policy.)
- ✓ Academic Reference (enclosed) to be completed in its entirety and signed by an appropriate official of the previous school. (Not applicable for K-2nd grade students)
- ✓ Pastoral Reference to include a positive reference for the student applying for admission. If you do not currently have a pastor a letter explaining your religious beliefs is required instead.
- ✓ New Applicant Enrollment Form (enclosed)
- ✓ Release Form (enclosed)
- ✓ New Student Information Sheet (enclosed)
- ✓ New Student Record Release (enclosed) (Not applicable for students applying to Kindergarten)
- ✓ Student Essay (enclosed and only required for grades 5-12)
- ✓ Partner Church Discount Letter (only if applicable)
- ✓ Upon receipt of this application, a non-refundable registration fee of \$200 will be due payable upfront.

Thank you for your interest in the academic program at Kearny Christian Academy. If you have questions about the admissions process, please contact the school office at 201.998.0788. We would be happy to assist you.



ACADEMIC REFERENCE

The student whose name follows has applied for admission to Kearny Christian Academy. Please provide an honest evaluation of this student to aid us in our decision making process. The information provided will not be shared with any parties outside of the school administration. Please complete and return to the school via fax or email at your earliest convenience.

Student's Name: _____ Applying for Grade _____

Relationship to Student: Teacher Administrator Counselor Other: _____

How long have you know this student?

Please describe the applicant's strength:

Please describe the applicant's areas needing strengthening:

Please describe the applicant's personality:

Please describe the applicant's behavior in class:

Please provide your observation in the following categories:

BEHAVIOR	<input type="checkbox"/> A good citizen	<input type="checkbox"/> Adequate behavior	<input type="checkbox"/> Immature
COOPERATION	<input type="checkbox"/> Cooperative	<input type="checkbox"/> Cooperates occasionally	<input type="checkbox"/> Uncooperative
DEPENDABILITY	<input type="checkbox"/> Dependable	<input type="checkbox"/> Dependable occasionally	<input type="checkbox"/> Undependable
LEADERSHIP	<input type="checkbox"/> A Positive Leader	<input type="checkbox"/> A Follower	<input type="checkbox"/> A Negative Leader
ACHIEVEMENT	<input type="checkbox"/> Overachiever	<input type="checkbox"/> Achievement consistent with ability	<input type="checkbox"/> Achievement below ability



ACADEMIC REFERENCE

To your knowledge does this student have any known:

Learning Disabilities Emotional Problems Hyperactivity Attention Deficit Disorder

Other: _____

Please rate the applicant in each of the following areas by checking the appropriate number. Please note that a 10 is excellent, a 5 is average, and a 1 is poor. In areas where you are unable to judge, check "N/A."

	1	2	3	4	5	6	7	8	9	10	N/A
ACADEMIC POTENTIAL											
COMPLETION OF ASSIGNMENTS											
DESIRE TO LEARN											
GENERAL BEHAVIOR											
INITIATIVE											
LEADERSHIP POTENTIAL											
PARENTAL SUPPORT OF SCHOOL											
PARENTAL SUPPORT OF STUDENT											
RELATIONSHIPS											
SELF ESTEEM											
SELF DISCIPLINE											
SELF CONFIDENCE											
STABILITY											



ACADEMIC REFERENCE

Please provide any additional comments regarding the applicant:

I recommend this student academically (check one): Yes No Questionable

I recommend this student's character (check one): Yes No Questionable

Signature of Reference

Date

Title

School

Phone Number

NEW APPLICANT ENROLLMENT FORM

Father's Name _____ Mother's Name _____

Address _____ Address _____

City and State _____ City and State _____

Zip Code _____ Zip Code _____

Home Phone _____ Home Phone _____

Father's Cell _____ Mother's Cell _____

Father's Work # _____ Mother's Work # _____

Father's email _____ Mother's email _____

Parent's Marital Status (check one): ___ Married ___ Separated ___ Divorced ___ Other

Please explain if other: _____

Child's Living Arrangements (check one): ___ Both Parents ___ Mother ___ Father ___ Other

Please explain if other: _____

Child's Legal Guardian(s) (check one): ___ Both Parents ___ Mother ___ Father ___ Other

Please explain if other: _____

Name of your Church _____

Name of your Pastor _____

Denomination _____

Church Address _____

Church Phone _____

Name of Last School Attended _____

Last Date of Attendance at Previous School _____

By who were you referred to KCA? _____

Please list each child separately that you wish to be enrolled in Kearny Christian Academy:

Full Name	Date of Birth	Last Grade Completed	Student's Email Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Release Form

Emergency telephone numbers where parent(s) may be reached during the time child is in school.

Father Work _____ Mother Work _____

Father Cell _____ Mother Cell _____

Other _____ Other _____

Emergency Contact person other than parent(s)/guardian(s) in case of emergency:

Name _____ Phone _____ Relationship to student _____

Name _____ Phone _____ Relationship to student _____

Name _____ Phone _____ Relationship to student _____

Medical Release:

Should my child become ill or suffer an accident of any character while he/she is in the care of Kearny Christian Academy, the staff shall undertake to contact me immediately. Concurrently, Kearny Christian Academy shall be authorized to secure and to consent to such medical attention, treatment and services for my child as may be deemed necessary.

Any qualified person providing such required medical attention, treatment and services for my child may accept such consent as if given by me in person. I agree to assume responsibility for all medical costs incurred.

Persons other than the parent(s) or guardian(s) to contact if your child becomes ill or injured during the time he or she is at Kearny Christian Academy and the parent(s) or guardian(s) cannot be reached:

Name: _____ Relationship: _____

Address _____

Phone: _____

Child's Doctor _____ Office Phone _____

Office Address _____

Child's Dentist _____ Office Phone _____

Office Address _____

Child Pick-Up Release:

The following person(s) are authorized to pick up my child (ren) from Kearny Christian Academy. KCA staff may ask for identification from any person who is not familiar to them. If this list needs to be updated during the course of the year, please do so in writing.

Name: _____ Relationship to child _____

Name: _____ Relationship to child _____

____ My child(ren), grade 4 and above is authorized to be released to leave, upon dismissal of school, without the above named authorized person (or a parent) present to receive my child(ren). _____

Parents' Initials

FIRST TIME APPLICANTS ONLY

New Student Information Sheet

Student's Name

Birth Date

Gender

Personality Questions

(This section for Elementary and Middle School Students Only)

1. Is he/she shy? _____
2. Suck a thumb? _____
3. Like School? _____
4. Overactive? _____
5. Have excessive fears? _____
6. Play well with others? _____
7. Bite Fingernails? _____
8. Have temper tantrums? _____
9. Eat Breakfast? _____
10. What time is his/her bedtime? _____
11. What time does he/she wake up? _____

Academic History Questions

(This section for All Students)

12. Does your child have any difficulty understanding reading or writing in English? _____
13. Does your child have any reading handicaps or other learning disabilities? _____
14. Has your child ever been expelled, dismissed, or suspended from school? _____
15. Has your child ever been denied admission to any school? _____
16. Has your child ever had any disciplinary difficulties? _____
17. Has your child ever been in trouble with the law, arrested, etc? _____
18. Has your child ever used tobacco or drugs of any kind? _____

If you answered "yes" to any questions 12-16, please explain:

Please indicate academic level of pupil's previous work:

____ Excellent

____ Good

____ Average

____ Poor

How did you hear about this school?

Reason for selecting this school: _____



Student Record Release Request

Date: _____

To Whom It May Concern:

_____ is now enrolled in Kearny Christian Academy.

Please send the following information to: Kearny Christian Academy

22 Wilson Avenue

Kearny, NJ 07032

Phone: 201-998-0788 Fax: 201-998-1102

- Cumulative Academic Records
- Standard Achievement Test Results
- Health Records (NJ Schools please send original Health Record Card – A45)
- Child Study Team Records if applicable (including IEP or ISP)
- Discipline Records if applicable

Thank you for your prompt attention in fulfilling this request.

Kearny Christian Academy Administrator

I give permission for the former school to release the records of _____
to Kearny Christian Academy.

(Former School Name)

(Former School Address)

(Former School City, State, Zip Code)

(Former School Phone #)

(Former School Fax #)

Parent/Guardian Signature: _____ **Date:** _____

Student Essay

Required for all students in Grades 5-12

Student Name: _____

Please answer in 1 or 2 paragraphs.

1. Why do you want to attend Kearny Christian Academy?

2. Briefly describe your personality and what attributes you will bring to our school that will benefit our school community?

Student Name: _____

3. Summarize your beliefs on personal responsibility.

4. Who is the most influential figure in your life? And why?

Student Name: _____

- 5. Give one example of how a past success has prepared you for future obstacles.**



Kearny Christian Academy – Partner Church Member Discount

Applicants or applicant’s parents/guardians who are verifiable, tithing members of a KCA partner church will receive an additional 10% discount off of the standard tuition rate. Please inquire with your church to see if they are a KCA partner church. **Along with the below signed letter of certification, a 2017 contribution statement and letter from the senior pastor is required as documentation to prove church member status, and must be presented at the time of contract signing for discount to apply. Please note this will be required on a yearly basis going forward.**

Parent(s)/Guardian(s) Verification

I, _____ do hereby attest and certify that _____
(Senior Pastor Full Name) (Parent/Guardian Name)

is/are tithing members of this church who actively participate in the life of the congregation.

Senior Pastor Signature

Date

Church Name

Phone