



ADMISSIONS APPLICATION FOR THE 2020-2021 ACADEMIC YEAR

Thank you for your interest in the academic program at Kearny Christian Academy. Below you will find directions for completing our admissions applications. If you have questions about the application or the admissions process, please contact the school office at 201.998.0788. We will be happy to assist you.

Application Process

Students interested in applying for admissions into Kearny Christian Academy must do so during our open enrollment period from February 1 through August 15. The admissions committee will review applications, and will select candidates to be interviewed. Final admissions decisions are made once the application and admissions 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, emailed or mailed directly to the school office at 22 Wilson Avenue, Kearny, NJ 07032. **Incomplete applications will not be reviewed.**

Applicant Checklist

- ✓ Completed application in its entirety
- ✓ 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 school official of the previous school student attended.
- ✓ Pastoral Reference to include a positive reference for the student(s) applying for admission and a contribution statement. 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)*
- ✓ Student Essay *(enclosed and only required for grades 5-12)*
- ✓ Partner Church Discount Letter *(only if applicable)*
- ✓ Upon receipt of this application and once a student has been officially accepted, a non-refundable registration fee of \$200 will be applicable if after August 15.



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

KCA STUDENT 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: (Please check one)	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Other Please explain if other: _____
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*Child's Legal Guardians: (Please check one)	<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other Please explain if other: _____
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*Parent's Living Arrangements: (Please check one)	<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other Please explain if other: _____
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Name of your Church _____ **Denomination** _____ **Name of your Pastor** _____

Church Address _____ **Church Phone Number** _____

***Below please list each child separately that you wish to be re-enrolled in Kearny Christian Academy.**

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

*(*Indicates information is required)*

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) age 18 or older are authorized to pick up my child (ren) from Kearny Christian Academy. KCA staff will request identification to verify the identity of all authorized persons. 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: _____



New Student Record Release Request

Date: _____

To Whom It May Concern:

_____ is being considered for enrollment in Kearny Christian Academy for the _____ school year.

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
- Achievement Test Results
- Health Records
- Child Study Team Records if applicable (including IEP or ISP)
- Discipline Records

Thank you for your prompt attention in filling this request. _____
Kearny Christian Academy Administrator

(Former School Name)

(Former School Address)

(Former School City, State, Zip Code)

(Former School Phone #)

(Former School Fax #)

I give permission for my child's current school listed above, to release all records necessary to Kearny Christian Academy.

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.**