



ADMISSIONS APPLICATION FOR THE 2022-2023 ACADEMIC YEAR

Thank you for your interest in the academic program at Kearny Christian Academy where we have been serving our community with Christ-centered education for over 40 years. 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 or send us an email at KCA@KearnyChristianAcademy.com. 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 information (listed below) and ultimately 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 and will be returned to you until such time as when all requested information is provided in its entirety.

Applicant Checklist

- Completed application in its entirety
- Transcript and/or Cumulative Record which reflects a total cumulative grade point average of an 85 or higher, with no grade lower than an 80 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. If you do not currently have a pastor, a letter explaining your religious beliefs is required instead.
- New Applicant Enrollment Form (*enclosed*)
- New Applicant Release Form (*enclosed*)
- New Applicant Information Sheet (*enclosed*)
- New Applicant Record Release (*enclosed*)
- New Applicant Essay (*enclosed and only required for grades 5-12*)
- 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

School Name

Reference Title

Reference Email

School Phone Number

KCA APPLICANT ENROLLMENT FORM

Please complete the following required information:

Father's Name		Mother's Name	
Address		Address	
City & State		City & State	
Zip Code		Zip Code	
Father's Cell #		Mother's Cell #	
Father's Work #		Mother's Work #	
Father's Home #		Mother's Home #	
Father's Email		Mother's Email	
Father's Occupation		Mother's Occupation	

Parent's Marital Status:		Child's Legal Guardians:		Child's Living Arrangements:	
Please explain if other:		Please explain if other:		Please explain if other:	

Name of Your Church	
Denomination	
Name of Your Pastor	
Church Address	
Church Phone #	

Below, please list separately, each child you wish to be enrolled in Kearny Christian Academy

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

KCA APPLICANT RELEASE FORM

Please list persons other than the parent(s) or guardian(s) to contact if student 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		Phone		Relationship To Student	
Name		Phone		Relationship to Student	
Name		Phone		Relationship To Student	
Name		Phone		Relationship To Student	

Medical Release:

Please provide student's medical doctor's information:

Child's Primary Doctor		Office Phone	
Primary Doctor Address			
Child's Dentist		Office Phone	
Dentist Address			

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 further agree to assume responsibility for all medical costs incurred.

Parent/Guardian Signature

Date

Child Pick-Up Release:

The following person(s) age 18 or older is/are authorized to pick up my child (ren) from Kearny Christian Academy.

Name		Relationship To Student	
Name		Relationship To Student	
Name		Relationship To Student	
Name		Relationship To Student	

School staff will request identification to verify the identity of all authorized persons. If this list needs to be updated during the course of the school year, please do so in writing.

Child Dismissal Release:

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

Parent/Guardian Signature

Date

NEW APPLICANT INFORMATION SHEET

Student's Name

Birth Date

Gender

Personality Questions

Is he/she shy?		Bite Fingernails?	
Suck a thumb?		Have temper tantrums?	
Like School?		Have self-control difficulties?	
Overactive?		Eat Breakfast?	
Have excessive fears?		What time is his/her bedtime?	
Play well with others?		What time does he/she wake up?	

Academic & History Questions

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

If you answered "yes" to any academic & history questions above, please explain:

Please indicate academic level of student's previous work:

<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
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How did you hear about this school?
Reason for selecting this school?



NEW APPLICANT RECORDS RELEASE REQUEST

To Whom It May Concern:

_____ is being considered for enrollment in Kearny Christian Academy for the upcoming school year. By signing this form, I am giving my consent, permission and authorization for my child's school, to release all records necessary to Kearny Christian Academy.

Parent/Guardian Signature

Date

Please send the following records:

- Cumulative Academic Records
- Standardized Achievement Test Results
- Health Records
- Child Study Team Records if applicable (including IEP/ISP)
- Discipline Records

Records can be sent to:

Kearny Christian Academy
 22 Wilson Avenue
 Kearny, NJ 07032
 Phone: 201-998-0788 Fax: 201-998-1102
 Email: KCA@KearnyChristianAcademy.com

Thank you for your prompt attention in filling this request.

Former School Information:

Former School Name	
Former School Address	
Former School City, State, & Zip Code	
Former School Phone Number	Former School Fax Number
Former School Email Address	

NEW APPLICANT ESSAY

Required for all students in Grades 5-12

Student Name: _____

Date: _____

Directions: Please answer the following questions honestly and in complete sentences.

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?

3. Summarize your beliefs on personal responsibility.

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

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