

TITLE I FUNDING

Northridge Christian School receives federal grant money based on the income level of each family in our school. Please look at the chart below and indicate if your family would qualify to draw funds for the school. It is based on your household size. If you make the amount listed OR less, you would qualify. Please check yes or no and sign your name. All information is kept confidential.

Income Eligibility Guidelines

Household Size	Year	Month	Twice per Month	Every Two Weeks	Weekly
2	26,955	2,247	1,124	1,037	519
3	33,874	2,823	1,412	1,303	652
4	40,793	3,400	1,700	1,569	785
5	47,712	3,976	1,988	1,836	918
6	54,631	4,553	2,277	2,102	1,051
7	61,550	5,130	2,565	2,368	1,184
8	68,469	5,706	2,853	2,634	1,317
For Each Additional Family Member	6,919	577	289	267	134

_____ Yes, we qualify _____ No, we do not qualify

Parent Signature

Date

NOTICE OF NONDISCRIMINATORY POLICY AS TO STUDENTS
The Northridge Christian School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students. It does not discriminate on the basis of race, color, national and ethnic origin in admissions policies, scholarship and loan programs, and athletic and other school-administered programs.



**2011-2012
Application For Admission
Grades K-6**

Office Use Only
Reg. Fee _____
Check # _____
Date _____

Date of Application _____ Applying for grade: K½ day K Full 1 2 3 4 5 6

Student Name: _____
First Middle Last Preferred Name

Date of Birth: ____/____/____ Gender: M F Residing School District: _____

Address: _____

City/State/Zip _____

Home Phone: _____ Family E-mail: _____

Student's Ethnicity: (Please mark all applicable boxes)

___ African American ___ Native American ___ Asian/Pacific Islander ___ Caucasian/ Non-Hispanic

___ Latino/Hispanic ___ Other: _____

First Language of the Student: _____ Language used in home: _____

Important Student Information

Does your child have any allergies? Be specific. _____

Does your child have asthma? Yes ___ No ___

Does your child require medications? _____

Please check with the school nurse or secretary regarding the proper protocol for dispensing medication at school.

Has your child ever repeated or skipped a grade? _____

Has your child ever been dismissed or suspended from any school? _____

Does your child have any learning difficulties, emotional or psychological challenges or physical disabilities which may affect his/her activities or progress at school? Explain.

Does your child or has your child ever received special education services (speech, occupational, physical therapy or counseling for emotional or behavioral issues) Explain.

Student's School Experience

Present School of Applicant _____ Number of Years Attended _____

Teacher Name _____ Teacher E-mail _____

List other schools your child has attended (indicate grade and location)

1. _____

2. _____

3. _____

How did you hear about Northridge Christian School? (Check all that apply)

_____ Referral (Name: _____)

_____ Website

_____ School Sign

_____ Other _____

FAMILY INFORMATION

Parent/Guardian #1 _____

Title (Ms., Mr., Mrs., Dr.) _____ First _____ Middle _____ Last _____

Employer _____ Occupation/Title _____

Business Phone _____ Cell Phone _____

Business E-mail _____

Home Address (if different from applicant)

Street _____ City _____ State _____ Zip _____

Home Phone _____ Home E-mail _____

Parent/Guardian #2 _____

Title (Ms., Mr., Mrs., Dr.) _____ First _____ Middle _____ Last _____

Employer _____ Occupation/Title _____

Business Phone _____ Cell Phone _____

Business E-mail _____

Home Address (if different from applicant)

Street _____ City _____ State _____ Zip _____

Home Phone _____ Home E-mail _____

Emergency Contacts

Please list names and phone numbers of two people we can contact in case of an emergency.

1. _____

2. _____