NEW COVENANT CHRISTIAN SCHOOL

Developing the Leaders of Tomorrow in a Christ-Centered Environment

Executive Office: 1179 Boston Road (Rear Suite), Bronx, NY 10456

Tel. 718 328 6072 x 100/Fax. 718 620 2040

○ RE-ENROLLMENT for _____/_____ school year

○ Please check this line if there has been no change in the below information from the last time an application was submitted. If so, leave the below fields blank, sign and date the application.
A NEW *Student Personal Data Form* must still be submitted

STUDENT INFORMATION

Name: _____ DOB: _____
LAST FIRST

Address: _____
STREET CITY STATE ZIP

Home #: _____ Alternate #: _____

Will applicant be in afterschool? _____ If so, as of when? _____

Will applicant need a metrocard? _____ If so, as of when? _____

FAMILY INFORMATION

Father's Name: _____ Employer: _____

Home #: _____ Mobile: _____ Work: _____

Home Address (If different from above): _____
STREET CITY STATE ZIP

E-mail Address: _____

Mother's Name: _____ Employer: _____

Home #: _____ Mobile: _____ Work: _____

Home Address (If different from above): _____
STREET CITY STATE ZIP

E-mail Address: _____

CHURCH INFORMATION

Church Name: _____ Pastor's Name: _____

Address: _____
STREET CITY STATE ZIP

Phone Number: _____ E-mail Address: _____

PARENT DECLARATION

I/We would like to enroll my/our child/children in New Covenant Christian School for the time period indicated above. In doing so, I/we accept all obligations including fees/tuition payments, behavior and academic responsibilities for my/our child/children.

Parent's Signature: _____ **Date:** _____

_____ **Date:** _____