

**STUDENT ENROLLMENT APPLICATION**

**2010-2011**

**Greater Mt. Nebo Christian Academy**

1001 Old Mitchellville Road

Bowie, MD 20716

Phone: (301) 249-5142 Fax: (301) 249-5143

Complete an application form for each new or returning student. A \$50 non-refundable registration fee must be submitted with each application for any new student.

Student's Name \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_ Entering Grade \_\_\_\_\_  
M/F \_\_\_\_\_  
Other Name/Nickname \_\_\_\_\_ New Student \_\_\_\_\_ Returning Student \_\_\_\_\_  
Address \_\_\_\_\_ U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Years in Non-Public School \_\_\_\_\_ Years home schooled \_\_\_\_\_

Please list the name and address of the previous school your child attended.

List brothers/sisters/relatives at home \_\_\_\_\_  
List student's special interests \_\_\_\_\_

Father's/Guardian's Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Home Address \_\_\_\_\_  
Home Phone Number \_\_\_\_\_ Work Number \_\_\_\_\_  
Employer \_\_\_\_\_ Alternate Phone Numbers \_\_\_\_\_  
Father's/Guardian's e-mail address \_\_\_\_\_

Mother's/Guardian's Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Home Address \_\_\_\_\_  
Home Phone Number \_\_\_\_\_ Work Number \_\_\_\_\_  
Employer \_\_\_\_\_ Alternate Phone Numbers \_\_\_\_\_  
Mother's/Guardian's e-mail address \_\_\_\_\_

Mother is: \_\_\_ living at child's address \_\_\_ Separated \_\_\_ Divorced \_\_\_ Single \_\_\_ Deceased  
Father is: \_\_\_ living at child's address \_\_\_ Separated \_\_\_ Divorced \_\_\_ Single \_\_\_ Deceased

Non-custodial parent should receive all mailings: \_\_\_\_\_yes \_\_\_\_\_no (\$10.00 handling fee for first child, \$5.00 handling fee for each additional child).

Please check the options below that apply:

**Regular school hours:** 8:00 a.m. – 3:00 p.m.  
**Birth Certificate** (September 1<sup>st</sup> birth date cut off) **and updated Shot Record must be on file**  
**Extended School Day Program (AEP):** 6:30 am – 8:00 am, 3:00 pm – 6:00 pm  
\_\_\_AM Academic Enrichment Program \_\_\_PM Academic Enrichment Program \_\_\_Both

Please indicate person responsible for tuition and fees: \_\_\_\_\_

**Payment Plan/Dates Set by FACTS Tuition Management Program (www.neboacademy.com)**

I/We will pay (please check one)

- \_\_\_ Monthly – twelve (12) payments – first payment due July 2010 and the last payment due June 2011
- \_\_\_ Monthly – eleven (11) payments – first payment due July 2010 and the last payment due May 2011
- \_\_\_ Quarterly – four (4) payments due July 2010, October 2010, January 2011, April 2011
- \_\_\_ Semi-annual – two (2) payments due July 2010 and January 2011
- \_\_\_ Annual – one (1) payment due July 2010 (5% discount)

Signature \_\_\_\_\_

Date \_\_\_\_\_