

# APPLICATION FOR ADMISSION

*New Student*

*2023-2024*



A ministry of New Beginning Family Worship Center

"EQUIPPING STUDENTS TO GLORIFY GOD IN ALL THEY DO"



**NEW BEGINNING FAMILY WORSHIP CENTER**

1950 Park West Drive  
Mailing Address: P. O. Box 1336  
Northport AL 35476  
205-333-0695  
[www.nbfwchurch.org](http://www.nbfwchurch.org)

Dear Parents,

North River Christian Academy is a community outreach mission of New Beginning Family Worship Center. As the senior pastor of New Beginning I consider it an honor and privilege to serve you and your children. We consider our school to be a true ministry to those we serve and our desire is to provide a quality education with a biblical worldview that promotes character and academic excellence.

We believe every child can be a champion. Not just champions in the classroom, but champions in life. But we understand champions are made not born. One of our core values is excellence, and every day at North River Christian Academy we strive toward that goal in every area of student life. In 1 Corinthians chapter 9, Paul compared our lives to a race. He instructed the believers of Corinth to “run” to win. This is a philosophy of life we want to instill in every child. Be and do your best, and never quit. We want each child to be and do their best spiritually, academically, and athletically.

Understanding that it takes a champion to build a champion, our administration, teachers and staff pledge to do our part and to lead by example. Believing that prayer and preparation are cornerstone principles for potentiating success, we pledge to enter the classroom prepared to teach and to pray regularly for your child by name. We also pledge to provide a clean, safe, wholesome and encouraging learning environment. Lastly, we pledge to partnership with you in your child’s education. We cannot do this alone. We need your prayers, your hands, and your help. We encourage constructive suggestions and positive input to help us reach our goals.

Thank you for trusting North River Christian Academy with your child’s education and character development.

In Christ Alone,

Randy Fuller  
Senior Pastor  
New Beginning Family Worship Center



## A MESSAGE FROM YOUR ADMINISTRATOR

1785 McFarland Blvd N  
Tuscaloosa, AL 35406

Office 205.349.4881  
Fax 205.349.3246  
Preschool 205.330.7923

[northriverchristian.com](http://northriverchristian.com)

Dear Parents,

Thank you for considering North River Christian Academy for your child's education. It is our desire to assist you in providing the best Christian education possible at an affordable price. As a ministry of New Beginning Family Worship Center, we exist to bring honor and glory to God. Our mission statement is "Equipping students to glorify God in all they do". In order to accomplish this, it is our goal to provide the highest standards in educational excellence with an emphasis on Christian academic, athletic, emotional, and spiritual growth for every student. The educational process is dependent upon a philosophy that all truth begins and ends with God. We desire to teach ALL truth is God's truth and Jesus Christ is central in all truth, not only in the Word, but in history, geography, mathematics, science, language, music, the arts, and ultimately in the universe. We believe that the greatest benefit to any student is to begin and develop a personal relationship with Jesus Christ. The right relationship with Christ brings honor to God and immeasurable benefits to the student. It enables the student to have purpose, passion, and propriety in all academic and extra-curricular endeavors.

Please look over what we offer and come talk with me to see if North River might be the right school for you. Some things we are offering are:

- college preparatory education at an affordable price
- Christ-centered instruction with caring faculty and staff
- character training in an environment of discipline
- competitive sports program at the junior high and high school level
- class teacher-student ratio small (1-20 average)
- chapel services weekly
- competition in academics and fine arts

I do look forward to meeting you and your child in the coming days.

In His Service,

*Dan Habrial*

Dan Habrial  
Administrator

*A ministry of New Beginning Family Worship Center  
"Equipping students to glorify God in all they do"*

# ADMISSIONS PROCESS

## NEW STUDENT

### PLEASE DIRECT ALL APPLICATION MATERIALS TO:

Office of Admissions  
North River Christian Academy  
1785 McFarland Blvd N  
Tuscaloosa, AL 35406

This is a self-managed application. Applicant is responsible for ensuring that all steps in the application process are completed. Your application will be considered for admission upon the receipt of all applicable forms listed in Step 1 and 2.

### STEP 1 - SUBMIT APPLICATION FORM

**Completed Application for Admission** including Parent's Statement of Agreement.

**Registration Fee** - A nonrefundable registration fee must accompany the application. Check should be made out to North River Christian Academy.

### STEP 2 - SUBMIT ADMISSIONS REQUIRED SUPPLEMENTAL FORMS

Admissions Required Supplemental Forms - The following additional forms are necessary to complete your application file. Please fill out all required forms and submit to the school office. Admissions Required Supplemental Forms are attached or may be found online at [www.northriverchristian.com](http://www.northriverchristian.com).

#### **K4 - 6th Grade**

- Financial Policy
- Emergency Card
- Health Record
- Student Pick-up List
- Original Certificate of Immunization
- Copy of Birth Certificate
- Copy of Medical Insurance Card
- Affidavit for Parent/Guardian (K4 only)
- Previous Report Card

#### **7th -12th Grade**

- Financial Policy
- Emergency Card
- Health Record
- Student Pick-up List
- Original Certificate of Immunization
- Copy of Birth Certificate
- Copy of Medical Insurance Card
- Copy of Social Security Card
- Copy of driver's license and insurance (if a student driver)
- Transcript

### STEP 3 - ADMISSIONS COMMITTEE REVIEW

Following the submission of the application, registration fee, and all required supplemental forms the applicant will be presented to the Admissions Committee for renewal of admission to NRCA. Parents will be notified when this process is completed.

*Equipping students to glorify God in all they do.*

North River Christian Academy accepts students regardless of race, color, nationality or ethnic background who meet the criteria for admission. The school reserves the right to refuse admission to any student who would not be in the best interest of the school.



# APPLICATION FOR ADMISSION 2023-2024



*For office use only*

Grade level: _____	Financial Office
Registration fee: _____	GL _____
• Ck # _____	School Office
• Cash _____	GL _____
• Date Paid _____	
• Received _____	

1785 McFarland Blvd N  
Tuscaloosa, AL 35406

Office 205.349.4881  
Fax 205.349.3246  
Preschool 205.330.7923  
northriverchristian.com

Applicant's full name \_\_\_\_\_ Preferred Name \_\_\_\_\_  
*first middle last*

Female \_\_\_\_ Male \_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Required E-mail address \_\_\_\_\_

Address \_\_\_\_\_  
*street city state zip*

Current age \_\_\_\_\_ Current grade \_\_\_\_\_ Grade applying for \_\_\_\_\_ Calling Tree phone (\_\_\_\_) \_\_\_\_\_

Family's church affiliation/denomination \_\_\_\_\_

Applicant residing with (check all that apply) \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian \_\_\_\_\_ Stepmother \_\_\_\_\_ Stepfather

Other \_\_\_\_\_ Who has legal custody? \_\_\_\_\_

Parents are: \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_ Other (explain) \_\_\_\_\_

List information on all previous schools applicant has attended.

School	Dates attended	Grade(s) completed
_____	_____	_____
_____	_____	_____

Has applicant ever applied before for admission to North River Christian Academy? \_\_\_\_\_ Yes \_\_\_\_\_ No  
*date*

If a new family to NRCA how did you learn about us? Please check all that apply.

- Internet
- Referred by current NRCA family (name) \_\_\_\_\_
- Alumnus (name) \_\_\_\_\_
- Other \_\_\_\_\_

List the main reason(s) you wish the applicant to attend North River Christian Academy.

\_\_\_\_\_

\_\_\_\_\_

FATHER

Mr./Dr./Rev. \_\_\_\_\_ Preferred Name \_\_\_\_\_  
*first last*

Address (if different) \_\_\_\_\_  
*street city state zip*

Home Phone (\_\_\_\_) \_\_\_\_\_ Mobile Phone (\_\_\_\_) \_\_\_\_\_

Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Work phone (\_\_\_\_) \_\_\_\_\_ E-mail address \_\_\_\_\_

MOTHER

Mrs./Ms./Dr. \_\_\_\_\_ Preferred Name \_\_\_\_\_  
*first last*

Address (if different) \_\_\_\_\_  
*street city state zip*

Home Phone (\_\_\_\_) \_\_\_\_\_ Mobile Phone (\_\_\_\_) \_\_\_\_\_

Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Work phone (\_\_\_\_) \_\_\_\_\_ E-mail address \_\_\_\_\_

Please tell us about your relationship with Jesus Christ:

Father \_\_\_\_\_  
\_\_\_\_\_

Mother \_\_\_\_\_  
\_\_\_\_\_

CONFIDENTIAL INFORMATION

Has applicant had any discipline problems in school? \_\_\_\_ Yes \_\_\_\_ No

If yes, briefly explain: \_\_\_\_\_

Has applicant ever been suspended, expelled or withdrawn? \_\_\_\_ Yes \_\_\_\_ No

If yes, briefly explain: \_\_\_\_\_

Has applicant ever attended school or participated in a program for students who have special academic needs (including gifted, special education, tutoring)? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain: \_\_\_\_\_

# PARENTS' STATEMENT OF AGREEMENT 2023-2024



*I understand and agree to the following conditions of admission*

APPLICANT'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_  
*first last*

1. Christian education is both a privilege and a responsibility which requires cooperation between the school, parents, students, and church. Consequently, the educational philosophy, objectives, policies of the school, and statement of faith of the church will receive my support and that of my child at and away from the school. This support shall be both verbal and practical in nature. Lack of such support may be grounds for not being permitted to reenroll and in extreme cases, for dismissal from school according to school policies.

2. Desiring my child's total education program to be effective, I agree that I will maintain for my child an environment away from school which is compatible with the school, especially in the area of moral standards.

3. While a student at North River Christian Academy, I agree that my child should refrain from swearing, indecent or suggestive language, tobacco possession or use of any kind, alcoholic beverages, illegal drugs, inappropriate public displays of affection, or any sexual behavior including the use of pornography of any type. I agree that any music my child listens to must be appropriate for a Christian school student.

4. I understand that if my child possesses or uses alcoholic beverages, illegal drugs, or tobacco products at or away from school, he or she may be dismissed from school or subjected to other disciplinary measures at the discretion of the administration.

5. I pledge my loyalty to the aims and ideals of North River Christian Academy and will bring any criticisms directly to the faculty and/or administration so that those in authority may properly consider them.

6. If for any reason my child does not meet the academic requirements or cooperate with the disciplinary standards in accordance with the procedures stated in the Student Handbook, I will cooperate with the administration as it handles these situations and will avoid discussion with those not involved, so as to avert a spirit of dissension and division at either my child's expense or the school's.

7. In the event my child becomes ill or has a minor injury while under school supervision, I agree that the school authorities shall first contact the parent or guardian. If the parent/guardian cannot be reached, the school authorities shall contact the next person on the emergency medical card. In the event of a medical emergency or serious injury, I agree to give the school authorities the right to call 911 first before contacting the parent/guardian.

8. I grant permission for photos taken of our family members to be used in school newsletters, advertisements, yearbooks, and other promotional materials.

9. I understand when my child's grade goes on a field trip they must either attend the trip or make other arrangements for care. No care will be provided for students not attending field trips with their grade.

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

APPLICANT'S SIGNATURE (7th-12th grade) \_\_\_\_\_ DATE \_\_\_\_\_

# FINANCIAL POLICIES

## TUITION/REGISTRATION



### Registration

The registration fee is a non-refundable annual payment. The registration rate for all new students is \$100.

### Fees

Each student will be assessed an annual fee to cover book rental, standardized testing and scoring, ACSI, SACS, and AISA association dues, one yearbook, one spirit shirt, classroom supply fee, science fee, technology fee and gradelink fees. The yearly fee for K4-12th grade is \$500. This yearly fee is non-refundable and is due by the first day of school. Graduating seniors will be charged a \$125 graduation fee. Students involved in the sports program will be charged a \$150 sports fee and a spirit-pack fee (amount varies) for each sport played.

### Tuition

Monthly tuition remains the same with no deductions made for absences or scheduled vacation days or holidays. Tuition may be paid in one of the following ways (select one):

- Annually:** Tuition is paid in one payment for the entire year and must be paid by June 1st to receive the 3% discount.
- Monthly:**
  - 12-month:* Tuition is paid in 12 monthly checks postdated the 1st of each month (June 1st - May 1st).
  - 10-month:* Tuition is paid in 10 monthly checks postdated the 1st of each month (August 1st - May 1st).
- Credit Card:** (preferred option) This option is available through the student's Gradelink account and is paid in 10 monthly charges to your credit card on the 1st of each month (August 1st - May 1st). This option is set up by the parent using the Gradelink account.

### Fundraising

To meet the anticipated financial needs of the school, \$300 per family (K4-12th) will need to be fundraised. For the 2023-2024 school year, each family will be offered the option to participate in fundraisers to pay off the costs without any cash outlay to the family or pay an additional \$30 per month tuition if you choose not to participate in fundraisers.

Fundraising may be raised in one of the following ways (select one):

- I choose not to participate in any fundraisers and instead to raise my monthly tuition payment by \$30.
- I choose not to participate in any fundraisers and to pay \$300 in one payment due on Septembers 1st.
- I choose to fundraise \$300 per family. By choosing this option, I agree to participate in fundraisers until I have raised \$300. My monthly statement will include my progress toward earning the \$300. I understand that half of this amount (\$150) will be due on December 1st, and the remaining half (\$150) will be due on May 1st.

### New Student Referral Discount

Parents who choose to pay using the 10-month tuition plan can receive a \$25 discount on their monthly tuition rate for every new student who enrolls at NRCA for the 2022-2023 school year. In order to receive your discount, the new student's parents must indicate on the application form at the time of registration that they have been referred to NRCA by you. A discount will be given for each month that the new student is enrolled at NRCA paying regular rates.

### Extended Care Program

Free care will be provided 20 minutes before and 20 minutes after school. Any student (K4-12th) who arrives on campus before 7:30 a.m. and is on campus after 3:20 p.m. will be charged a flat rate of \$7.00/day. Late pick-up fees are charged at the rate of \$7 for each 10 minute increment past 5:30p.m.



**General Information**

- Payment is due before services are rendered.
- Tuition is due on the 1st of the month and late after the 10th. A late fee of \$25 will be added to accounts not paid by the 15th of the month.
- If accounts are more than 10 days late, services will not be rendered.
- All returned checks will be charged a \$30 fee. After two returned checks, all payments must be made with cash, money order, cashier's check, or credit card. If paying by cash, it is the responsibility of the payee to obtain a receipt for proper credit to be posted to your account.
- Tuition will be pro-rated for students entering school during the course of the year.
- Students who attend any day of a given month will owe full tuition for that month. The student's account must be paid in full in order for report cards, transcripts, or records to be released.
- All registration and fees are non-refundable.
- Multiple child discounts apply only to immediate family members living in the same household.

## REGISTRATION & TUITION RATES AND FEES

**Registration**

New student	\$100
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**Fees**

K4-12th grade	\$500
Each sport played	\$150

**Tuition**

Grade	No. of children	Annual	12-month (June-May)	10-month (Aug-May)	Pre-paid (by June 1st)
K4-6th grade	1st child	\$4,500	\$375	\$450	\$4,365
	2nd child	\$3,850	\$321	\$385	\$3,735
	3+ child	\$1,000	\$84	\$100	\$970
7th-12th grade	1st child	\$4,700	\$392	\$470	\$4,560
	2nd child	\$4,050	\$338	\$405	\$3,929
	3+ child	\$1,000	\$84	\$100	\$970

I have read and understand the financial policies of NRCA and agree to abide by these policies during the duration of time that services are rendered to my family.

PRINT STUDENT'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_

FATHER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

MOTHER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

AFFIDAVIT FOR  
PARENT/GUARDIAN  
(K4 STUDENTS ONLY)



State of Alabama  
County of Tuscaloosa

Before me, a Notary Public in and for said state and county appeared \_\_\_\_\_  
*print parent/legal guardian's full name*  
and is known to me, after being duly sworn or affirmed, says as follows:

The affiant is the parent or legal guardian of the child/children \_\_\_\_\_;  
*print child's full name*  
that affiant has been notified by Dan Habrial, a representative of North River Christian Academy and  
Open Door Baptist Church, that said school or church has filed notice and is exempt under law from  
regulations by the Department of Human Resources.

\_\_\_\_\_  
*parent/legal guardian signature*

Sworn or affirmed to and subscribed before me on this day \_\_\_\_/\_\_\_\_/\_\_\_\_.

\_\_\_\_\_  
*Notary Public signature*

My commission expires: \_\_\_\_/\_\_\_\_/\_\_\_\_

*You may use NRCA's notary public to sign this form at no charge.  
Please contact the school office for further information.*

# PICK UP LIST

## 2023-2024



Please list the names of all people you will allow to pick up your child from school. If someone comes to pick up your child and his/her name is not on the list, your child will not be released to that person until we have contacted you for permission.

If you want someone to pick up your child and they are not on your pick up list, please send a note to school with your child or call the school office. For safety reasons, if we do not recognize your voice on the phone, we will call your place of work and ask for your information.

Anyone that picks up your child may be asked to show a picture ID. Please be patient with anyone who does not know you and asks for identification. We are trying to ensure the safety and well-being of your child.

STUDENT'S NAME: \_\_\_\_\_ GRADE \_\_\_\_\_

Name	Relationship	Phone Number	Alternate Phone Number

Please list anyone that MAY NOT pick up your child: \_\_\_\_\_

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# HEALTH FORM 2023-2024



CHILD'S NAME \_\_\_\_\_ AGE \_\_\_\_\_

PHYSICIAN/DENTIST:

Physician's Name	Address	Phone Number
Dentist's Name	Address	Phone Number

MEDICATIONS: List all medications that your child regularly takes and give the reason for each.

Medication	Dosage	Reason(s)

PAST AND PRESENT HEALTH CONDITIONS:  
Check any that your child currently has or has had.

- Attention Deficit Disorder
- Asthma
- Bone/Muscle Conditions
- Diabetes
- Chronic Ear or Throat Infections
- Emotional Problems
- Fainting/Sudden loss of consciousness
- Frequent Headaches or Migraines
- Head Injuries or any Major Accidents
- Heart Issues/High Blood Pressure
- Hearing Loss
- Physical Handicap
- Seizure Disorder
- Skin Problems
- Urinary/Bowel Condition
- Vision Problems
- Hospitalizations (specify) \_\_\_\_\_
- Any other concerns (specify) \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

OPERATIONS: Check any operations that your child has had and give the date

- Appendectomy \_\_\_\_\_
- Tonsillectomy \_\_\_\_\_
- Hernia \_\_\_\_\_
- Other (specify) \_\_\_\_\_

IMMUNIZATIONS: Original Certificate of Immunization must be on file in the school office.

Does your child have any physical limitations? Yes or No  
If yes, briefly explain \_\_\_\_\_

ALLERGIES: List any substances or medications that your child is allergic to \_\_\_\_\_

Does your child have an epipen or inhaler? Yes or No  
If yes, is it in the office or backpack? \_\_\_\_\_

PLAN OF ACTION IF EXPOSED: \_\_\_\_\_

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

GUARDIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

# EMERGENCY CARD

## 2023-2024



Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_  
*street city state zip*

Phone # \_\_\_\_\_ Email address \_\_\_\_\_

To Parent or Guardian: To serve your child in case of an accident or sudden illness, please furnish the following:

<i>Name</i>	<i>Work Phone #</i>	<i>Cell Phone #</i>
Mother _____	_____	_____

Father _____	_____	_____
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List any known allergies or medical conditions \_\_\_\_\_

List a neighbor, nearby relative, or friend who will assume temporary care of your child if you cannot be reached.

Name & Relationship _____	Phone # _____
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## PERMISSION FOR EMERGENCY TREATMENT AND ADMINISTERING MEDICATION

I hereby give permission for the staff at North River Christian Academy to call 911, if deemed necessary, in case of an emergency when I cannot be reached immediately. The attending physician also has my permission to give emergency medical treatment in my absence. I agree to assume responsibility for all medical costs incurred.

I give my permission for the staff at North River Christian Academy to administer the following medication to my child if deemed necessary (*Check if Yes*):

- Medicine prescribed by a doctor (that must be taken while the child is in the care of the school or preschool)
- Tylenol/acetaminophen (for pain and/or fever without phone call to parent)
- Advil/ibuprofen (for pain and/or fever without phone call to parent)
- First Aid

No other medications will be administered except those listed above. If your child becomes ill, you will be notified. It is the parent's responsibility to make sure the child's emergency card is current.

\_\_\_\_\_  
Father's/Guardian's Signature                      Date

\_\_\_\_\_  
Mother's/Guardian's Signature                      Date

# TEACHER RECOMMENDATION



**Please return this form in a sealed envelope. This is confidential.**

In order to evaluate a potential student for NRCA we require an evaluation from a current teacher from the last school attended. Each student should fill in the name, school, and address portion of the recommendation form before giving the form to a current teacher. Have the teacher complete the recommendation form and either mail or fax the form to North River Christian Academy.

Please mail to: Admissions Office  
North River Christian Academy  
1785 McFarland Blvd. N.  
Tuscaloosa, AL 35406

Or fax to: (205) 349-3246

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To be filled out by potential student:

Student's Name \_\_\_\_\_ Grade entering \_\_\_\_\_  
 Teacher's Name \_\_\_\_\_  
 Name of school \_\_\_\_\_ Phone \_\_\_\_\_  
 School address \_\_\_\_\_

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To be filled out by current teacher:

Please indicate your ratings by checking the appropriate box. Use a question mark where you have insufficient information.  
 Your candid evaluation will give valuable assistance to the Admissions Committee. Your comments will be confidential.

	Exceptional	Above Average	Average	Below Average	Poor
Academic Performance					
Academic Ability					
Motivation					
Behavior					
Emotional Stability					
Personal Appearance					
Respect for Authority					
Respect for Students					
Accepts Responsibility					

In what subject and for how long have you taught the applicant? \_\_\_\_\_

Please comment on the applicant's attitude toward school. \_\_\_\_\_

Has the applicant had any history of involvement with drugs, alcohol, or juvenile delinquency? Yes or No

If yes, please explain: \_\_\_\_\_

What is your estimation of the applicant's moral character? \_\_\_\_\_

To your knowledge, has the applicant ever been suspended or expelled from your school? Yes or No

If yes, please explain: \_\_\_\_\_

To your knowledge, has the applicant had major conduct or behavioral problems? Yes or No

If yes, please explain: \_\_\_\_\_

Have you received parental support from the applicant's parents/guardians? Yes or No

If no, please explain: \_\_\_\_\_

Does the applicant have any learning disabilities or require special help to meet academic requirements? Yes or No

If yes, please explain: \_\_\_\_\_

Additional Comments if needed:

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