



New Bethel Adventist Christian Academy

Growing Hearts and Minds

2423 Woodruff Farm Rd
Columbus, GA 31907 706 569-0004

Enrollment Application

Please Print Clearly

Date _____ Grade Entering _____

Full Legal Name _____ Preferred Name _____ M ___ F ___

Physical Address _____

Age _____ Date of Birth _____ Place of Birth _____ City _____ State _____ Zip _____ Citizenship _____
City State

Parent/ Guardian Information

Child lives with:
Both Parents _____ Mother _____ Father _____
Parent/Step Parent _____ Guardian _____

Parent _____ Step-Parent _____ Guardian _____	Parent _____ Step-Parent _____ Guardian _____
Father's Name _____ Address _____ If different from the student	Mother's Name _____ Address _____ If different from the student
City _____ State _____ Zip _____	City _____ State _____ Zip _____

Occupation _____ Cell Phone _____ Home Phones _____ Business Phone _____ Business Name _____ Church Membership _____ E-mail Address _____	Occupation _____ Cell Phone _____ Home Phones _____ Business Phone _____ Business Name _____ Church Membership _____ E-mail Address _____
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Circle One: Married/Remarried/Single/Divorced/ Separated/Widowed

Name of Custodial Parent (Please submit proof of custody) _____

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In case of Emergency and parents cannot be reached, contact:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Doctor's Name _____ Phone _____

List any physical conditions, allergies, medications, and/or medical problems that would interfere with physical activities and any challenges of which the school should be aware. (If needed, please provide additional information on a separate sheet)

Consent for Medical Treatment

As the parent, agency representative, or legal guardian, I hereby give consent for New Bethel Adventist Christian Academy to provide all emergency dental or medical care prescribed by a duly licensed physician (M.D.) or dentist (D.D.S.) for my child. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

Signature _____ Relationship _____

List previous schools attended

School Name	Address	City/State	Phone	Fax	Grades Completed

List person(s) authorized to pick up child(ren) after school: (Picture ID required for the files)

Name	Relation	Phone

In emergencies please text the principal and wait for a response

We are a Learning Organization. Please Share with Us!

Why do you want your child to attend this school?
What hobbies or interests does the student have?
What goals and aspirations do you have for the school?

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Student Photos Continuous Appropriate Usage Agreement

I (Parent/Legal Guardian) , _____ give permission for New Bethel Adventist Christian Academy to appropriately use

(Student) _____'s photo for purposes of promoting the school in publications such as the yearbook, brochures, booth display, websites, DVD productions etc.

Signature: _____
(Parent/Legal Guardian)

Field Trip Permission

I hereby give permission for my child, _____, to participate on day field trips via bus, van, or private automobile during the _____ school year. This slip also gives my child _____ permission to go on walks and visits to the library or local businesses or facilities. I understand the school will send information before each formal field trip and I must send written documentation if my child will not be participating on any particular trip. I further expressly agree that in the event of disciplinary action or if the health of my child makes it necessary, at the discretion of the sponsor(s), my child may be forthwith returned home at my expense. I understand that the student accident insurance carried by the South Atlantic Conference of SDA is in force for this field trip as the secondary insurance carrier. It will assume financial responsibility for any accident incurred during school sponsored functions, after the maximum benefits of the student's family health insurance carrier has paid the maximum benefits towards any medical or dental bills as a result of the accident.

I also consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to my child under the general or special instructions of my doctor or any physician the school organization may call, whether such diagnosis or treatment is rendered at the office of said physician or at a licensed hospital. It is understood that reasonable effort will be made to contact the doctor listed on the school application before any other physicians is called by the school or other organization, unless it is determined the situation is life threatening.

It is further understood that this consent is given in advance of any specific diagnosis or treatment that might be required and is given to authorized the principal/teacher or physician to exercise their best judgment as to the requirement of such diagnosis or treatment.

Signature of Parent or Legal Guardian

Date

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Authorization to Release Student Records

To: _____

Contact Person: _____

School: _____

Address _____

City: _____

School Phone Number: _____

School Fax Number: _____

Student's Name _____

Social Security Number _____ Date of Birth _____

Items to Include:

1. _____ Cumulative Records
2. _____ Transcripts
3. _____ Immunization Record
4. _____ Discipline Record
5. _____ Birth Certificate
6. _____ Social Security Card
7. _____ Test Results
8. _____ Other _____

Parent Signature _____ Date _____

Signature of School Official _____ Date _____

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Teacher Recommendation

Date _____

Current Grade _____

Student Name _____ is applying for admission to New Bethel Adventist Christian Academy. We appreciate your assistance in providing information about this student:

1. How long have you known this student? _____

2. What three words come immediately to mind when thinking of this student? _____

3. How would you describe the student's conduct in school?

4. Has this student ever been suspended or expelled? _____ If so, please state reason

Please evaluate this student's verbal skills: Above Average _____ Average _____ Below Average _____	Please describe this student's motivation: Above Average _____ Average _____ Below Average _____												
Please evaluate this student's math skills: Above Average _____ Average _____ Below Average _____	Is this student courteous and considerate? Above Average _____ Average _____ Below Average _____												
Please evaluate the quality of this student's written work: Above Average _____ Average _____ Below Average _____	Compared to others of the same age you have known, please evaluate this student's <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">Academics:</td> <td style="text-align: center;">Attitude:</td> </tr> <tr> <td style="text-align: center;">___ Outstanding</td> <td style="text-align: center;">___ Outstanding</td> </tr> <tr> <td style="text-align: center;">___ Excellent</td> <td style="text-align: center;">___ Excellent</td> </tr> <tr> <td style="text-align: center;">___ Good</td> <td style="text-align: center;">___ Good</td> </tr> <tr> <td style="text-align: center;">___ Fair</td> <td style="text-align: center;">___ Fair</td> </tr> <tr> <td style="text-align: center;">___ Poor</td> <td style="text-align: center;">___ Poor</td> </tr> </table>	Academics:	Attitude:	___ Outstanding	___ Outstanding	___ Excellent	___ Excellent	___ Good	___ Good	___ Fair	___ Fair	___ Poor	___ Poor
Academics:		Attitude:											
___ Outstanding	___ Outstanding												
___ Excellent	___ Excellent												
___ Good	___ Good												
___ Fair	___ Fair												
___ Poor	___ Poor												
Please evaluate this student's reading comprehension: Above Average _____ Average _____ Below Average _____													
Please characterize this student's academic achievement in relation to ability: Above Average _____ Average _____ Below Average _____	Please characterize the parental interest in this student's progress in school: Above Average _____ Average _____ Below Average _____												

Additional comments (any helpful information not mentioned above I.e. peer relationships):

Teacher _____ School _____

I hereby give my permission to release information indicated on the Teacher Recommendation Report regarding my child, for the purpose of admission to NBACA _____

Signature of Parent/Guardian Date

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Zero Tolerance Policy

- Purpose: To provide a safe school environment for pupils and staff.
- The Governing Board of NBACA declares a Zero Tolerance policy on sexual battery, possession of a firearm, possession of a knife, possession of a dangerous object, possession of explosive devices, sale of controlled substances, possession of controlled substances, vandalism, where property damage exceeds \$50, repeater mutual combat, robbery extortion, participating in gang motivated intimidation, hate motivated behavior constituting a statutory violation, and assault on or threatening of school staff, and being outright insubordinate to administration and staff.

Hereafter, any student who:

- Commits sexual battery
- Commits an assault & battery
- Is found in possession of a knife (hurting someone to the extent of needing medical attention)
- Is found in possession of a dangerous object
- Is found of explosive devices
- Is found in possession of a controlled substance
- Sells a controlled substance furnishes a controlled substance commits an act of vandalism with property damage in excess of \$50
- Participates repeatedly in mutual combat (fighting)
- Participates in robbery or extortion
- Participates in gang motivated behavior constituting a statutory violation
- Commits an assault on or threatens school staff
- Threatens to kill or harm someone (joke or not)
- Makes a hit list or journal with the intent to harm someone Is being outright insubordinate (refusing to cooperate) with the Administration and staff

Hereafter all acts of physical violence:

- Possession or use of weapons, or Health and Safety Code violations will be recorded for each pupil on their Mandatory Interim Record including information on suspensions and expulsions. Such records will be expunged upon graduation or by petition.
- For purposes of this policy, definitions used will be as defined in the Georgia Education Code, Penal Code, Health and Safety Code and Regulations of the State Fire Marshall where applicable. An object used in a threatening manner shall be considered a weapon even if its normal use is not a weapon.
- Trespassing on school grounds by pupils not enrolled in that schools, who have not received clearance by the chief administrator, shall be recorded as a serious violation and the police will be called.
- In every case where a pupil violates a provision of the Penal Code of the Health and Safety Code referenced by this policy, the pupil can be taken into custody by the police.

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- The Conference Superintendent is directed to Prepare Administrative Regulations to insure the requirements of this policy are properly implemented.
- Such regulations will include procedures to publicize this policy and to ensure that all pupils, grades K-8, shall have a signed copy of this policy in their file.
- Any violation of the zero tolerance policy will result in automatic suspension, and a possible recommendation of expulsion or withdrawal of the student

Print Names:

Parent/Guardian

Student

Date:

Signatures

Parent/Guardian

Student

Date:

This Agreement is binding for the duration of the child's attendance at NBACA

Continuous School Handbook Agreement

Student Contract:

I have read and am in full harmony with the ideals and standards set forth in this school's most recent bulletin. I, with the help of God and my parents/guardians, will order my personal living and conduct in harmony with these principles, my signature pledges my cooperation and loyalty if admitted as a student.

Student Signature _____ Date _____

Parent Contract:

I agree to the condition herein stated and am in harmony with regulation and policies as stated in the school's most recent bulletin. My financial obligations are clearly understood and I agree to pay my child's account each month, unless arranged otherwise in advance, and I further agree to wait for a transcript of grades until my child's account is paid in full upon termination from school. I understand that my registration fee, book fee and tuition are nonrefundable should I decide to change the status of my child's attendance. I further understand that if any information given on this application is intentionally incorrect the result can be the immediate withdrawal of my child from the school. To the best of my knowledge, the questions have been answered honestly and the applicant will cooperate with the principles, and spirit of this school.

Parent/ Guardian Signature _____ Date _____

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Specialized Care

Date: _____ Date of Birth: _____

Student Name: _____

Please List the Students Areas of Interest

1.	3.
2.	4.

Hobbies or Interest

Hobbies or Interest

Please check any of the following services your child was receiving in the previous school:

- | | |
|--|---|
| <input type="checkbox"/> ESOL
<input type="checkbox"/> Psychological Testing
<input type="checkbox"/> Gifted
<input type="checkbox"/> Learning Disability
<input type="checkbox"/> Emotional Behavior Disorder
<input type="checkbox"/> Speech/Language Impairment
<input type="checkbox"/> Mild Intellectual Impairment | <input type="checkbox"/> EIP
<input type="checkbox"/> Student Support Team/Intervention
<input type="checkbox"/> Special Education
<input type="checkbox"/> Moderate Intellectual Disability
<input type="checkbox"/> Orthopedically Impaired
<input type="checkbox"/> Other Health Impairment
<input type="checkbox"/> Vision Impairment |
|--|---|

Is there any additional information you would like to share with us so we can best plan for your child's education?

--

Has the student ever

- | | |
|---|--|
| <input type="checkbox"/> Used Illegal drugs
<input type="checkbox"/> Suspended expelled or asked to withdraw
<input type="checkbox"/> Retained, in what grade _____ | <input type="checkbox"/> Diagnosed with a learning disability
<input type="checkbox"/> Played an instrument _____
<input type="checkbox"/> Been a Pathfinder |
|---|--|

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Registration and Tuition

2021-2022

Early Registration		Ends July 16th
Registration:	\$475	August 5th
Tuition:	\$3750	1 st Child
	\$3400	2 nd Child
	\$3300	3 rd Child
Graduation Fees	\$75	Kindergarten & 8 th

Tuition Due on the 1st of the month

Only electronic payments will be accepted through Adventist School Pay

Late after the 15th - Fees of \$20 added to tuition if paid after the 15th.

Thank you for investing in your child!

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Parker Scholarship Fund Application 2021-2022

		Female	Male
Student's Name:	Gender		
Student's No. 2 Name	Gender		

1st Parent	2nd Parent
Address	
City	State Zip
Home Phone	Cell Phone

Home Income Information:

To be eligible for a scholarship, your annual household income (including income from all persons living in the household and any child support, alimony, public assistance, Supplemental Income – SSI, Disability Income, Social Security benefits or pensions must not exceed \$60,000. With this application, you must submit a copy of your Federal Income Tax Return for 2019 or the last two pay stubs you received from your employer.

Any parent or guardian who claims the student as a dependent must report income on this form and attach the necessary documentation.

Income Sources:

Parent/ Guardian 1 st \$		Parent/ Guardian 2 nd \$	
Social Security \$	Disability \$	Public Assistance \$	
Child Support, Alimony, or any additional income sources: \$			
How Much Do You Need From the Scholarship Fund?			

Certification Signature

I certify that all of the included information is true and correct, all income is reported and the income documents enclosed are accurate. **I agree to help with all fundraisers.**

Lack of participation in fundraisers revokes all scholarships

Signature of 1st Parent or Guardian Date Signature of 2nd Parent or Guardian Date

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Home & School Association

Parent Information Form

Date: _____

Please PRINT legibly the following information:

Name (s) of Parent /Guardian: _____

Address: _____

City: _____ State _____ Zip Code _____

Contact Information:

Home # _____ Work # _____ Cell # _____

Email Address: _____

Name of Child(ren)	Current Grade

EVERY PARENT IS A PART OF THE SCHOOL FAMILY AND IS EXPECTED TO ACTIVELY PARTICIPATE IN EACH FUNDRAISER OF THE HOME AND SCHOOL ASSOCIATION

I would like to participate in the NBACA Home and School Association in the manner listed below for the 2021-2022 school year.

Fundraising	Campus Beautification
Communications (Phone, emailing, phone tree)	Public Relations (newsletters, flyers etc.)
Community Service	School Activities
Enrichment Program	Homeroom Parent
Special Project	Instructor of
Committee Leader	Other

Each parent is expected to participate for at least 20 hours for the school year.

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Uniforms

French Toast

Use School Code: QS5RDTR

Girls

Tops		
Item	Colors	Catalog Description
Oxford Blouse with Darts	White	P 6
Oxford Blouse with Darts	Blue	P 6
Peter Pan Blouse with Lace Trim Collar	White	P 5
Peter Pan Blouse with Lace Trim Collar	Blue	P5

Bottoms		
Pleated Skirt	Navy/Khaki	P 12
Pleated Plaid Skirt	Green Plaid	P 12
Two-Tab Plaid Scooter	Green Plaid	P 14
Adjustable Waist Pleated Pants	Navy/Khaki	P 21
Below the Knee Length Bermuda Short	Navy/Khaki	P 23

Jumpers Sizes 4-14		
Twin Buckle Tab Jumper	Navy	P16
V-Neck Pleated Plaid Jumper	Green Plaid	P 17

TIES REQUIRED ALL GRADES		
Adjustable Plaid Cross Ties	Green Plaid	P 28

Outer Wear		
Blazer	Navy	P 25
Sweater with Ribbon Trim	Navy	P 25

Required Dress Uniform Grades 1-8

Required Dress Uniform Grade Pre –K and Kindergarten

frenchtoast.com 800.373.6248

Please Go Online and Sign Up for Sales and Coupons

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Uniforms

French Toast

Use School Code: QS5RDTR

Boys

Tops		
Item	Colors	Catalog Description
Oxford Shirt	White	P 33
Oxford Shirt	Blue	P 33

Bottoms		
Adjustable Waist Pleated Double Knee Pants	Navy/Khaki	P 37
Pleated Adjusted Waist Short	Navy/Khaki	P 38

*****TIES REQUIRED ALL GRADES*****		
Adjustable Plaid Ties	Green Plaid	P 29

Outer Wear		
Blazer	Navy	P 35
V – Neck Sweater Vest	Navy	P 34

Leg & Foot Wear		
Shoes	Black	Sneakers for P E Only
Socks	Navy	
Hosiery	Navy or White	

Required Dress Uniform Grades 1-8

Required Dress Uniform Grade Pre –K and Kindergarten

frenchtoast.com 800.373.6248

Please Go Online and Sign Up for Sales and Coupons

Color Code: Monday-Light Blue/Khaki, Tuesday-Yellow/Khaki, Wednesday- Red

PE Tee Shirt/ Navy

Thursday-Navy/Navy Friday- White/Navy

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New Bethel School Supply List



Pre – Kindergarten – Kindergarten

Check	4 jumbo glue sticks
	2 Packages of Pencils Ex. Ticonderoga (Must Sharpen Well)
	Crayola First Crayons Triangular Walmart
	3 Packages Index Cards
	Tooth Brush with Case + Tooth Paste
	Package of Assorted Colored Construction Paper
	Leak-proof water bottle
	Facemask
	Child Scissors
	Thermos for Hot Foods Ex: Soups, Pasta, Noodles, etc
	4 Boxes of Tissues
	3 Packages of Copy Paper
	Small Sheet – Small Blanket - Small Pillow
	Vinyl Pocket Folders with Prong Colors: Purple, Yellow, Orange, Black, Green, Blue, Navy, Turquoise
	2 Packages of Scented Expo Markers
	2 Bottles of Hand Sanitizer
	Shoe Box with a Change of Clothing
	Plastic Apron for Activities
	4 Containers of Disinfectant Wipes/ Baby wipes(4)
	Zipper lock bags(gallon size)

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First Grade – Fourth Grade

Check	Composition notebooks(4)
	2 Packages of Pencils Ex. Ticonderoga (Must Sharpen Well)
	Crayola Crayons 64
	Leak-proof water bottle
	Face mask
	3 Packages Index Cards
	Loose-leaf notebook paper
	Package of Assorted Colored Construction Paper
	Scissors
	Thermos for Hot Foods
	4 Boxes of Tissues
	3 Packages of Copy Paper/ Loose-leaf(wide-rule) Paper
	Vinyl Pocket Folders with Prong Colors: Purple, Yellow, Orange, Black, Green, Blue, Navy, Red
	2 Packages of Scented Expo Markers
	2 Bottles of Hand Sanitizer
	1 Student Planner
	4 Containers of Disinfectant Wipes
	Crayola Washable Individual Paint Pots
	Paint Brushes

	8 Glue sticks
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New Bethel School Supply List



Fifth Grade - Eighth Grade

Check	Graph paper/loose leaf notebook(college rule) paper
	#2 Pencils/colored/Pencil pouch
	Crayola Crayons 64
	Leak-proof water bottle
	Face mask
	3 Packages Index Cards
	1 Geometry Set (protractor,compass,right triangle, ruler)grades 6-8
	1Scientific Calculator(grades 6-8)
	Scissors
	Earbuds or Headphones
	4 Boxes of Tissues
	3 Packages of Copy Paper
	1 Binder/1 package subject dividers
	2 Packages multi-colored highlighters
	2 Bottles of Hand Sanitizer
	1 Bible/ 1 Student Planner/1dictionary/1 Thesarus
	4 Containers of Disinfectant Wipes
	2 packs of dry erase markers
	4 Composition books

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School Calendar

(See separate conference calendar document) A final Calendar with all school events will be provided.

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