New Dominion Christian Academy

(K-8) Student Enrollment Check List

☐ Registration Form

☐ Password

☐ Statement of Good Health (Physical)*

☐ Immunization record (Shot Records) *

☐ Birth Certificate*

☐ Academic Advising (Report Card) *

☐ Parent ID

☐ Student Allergy Form

☐ Social Security Card

☐ Authorization for Emergency Medical Treatment

☐ Authorization for Medication #5

☐ Student Media Release Form

☐ Insurance Card

☐ Official Transcript

☐ Graduation Information

☐ Test Scores

Student Name: _____

Dear Parents,

On behalf of ***New Dominion Christian Academy***, I am happy to welcome you to the 2025-2026 school year! We are looking forward to a productive year with you to ensure our children can achieve their highest potential. We recognize that to be successful in school, our children need help, and support from both the home and school. We know that a strong partnership with you will make a great difference in your child's education. As partners we share the responsibility for our children's success and want you to know that we will do our very best to carry out our responsibilities. We ask that you guide and support your child's learning by ensuring that he/she:

1. Attends school daily and arrives on time, ready for the days learning experience.
2. Complete all homework assignments given by teachers.
3. Reads daily to develop a love for reading and to improve literacy skills.
4. Knows that you expect him/her to succeed in school.

The wonderful staff of ***New Dominion Christian Academy*** and I feel privileged to have you be a part of this school family. We thank you for your support and look forward to an awesome school year.

Sincerely,

Bianca B. Mccloud
Principal

Mission Statement

New Dominion Christian Academy offers students an excellent education, emphasizing Biblical truth, educational program to prepare students learning academically, spiritually and physically about the Lord Jesus Christ our Savior. Our Mission is to assist Christian parents in the training of their children.

Vision Statement

To equip and engage each student, to strive and appreciate the value of learning. And understanding that everything we do should be to the Glory of God.

Goal

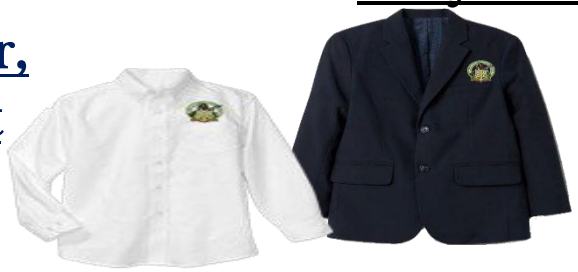
We expect each student to perform at or above the best of his/her ability academically and individually. Beyond academic performance we expect our students to develop a deeper faith in God through Christ Jesus.

JGL EMBROIDERY (School Logo)
701 S. State Road 7 Plantation, FL 33317
Store Hours: M-F: 9am-6pm
Phone: (954)709-2421
TO GET UNIFORMS EMBROIDERED

SCOONI'S UNIFORM STORE
1347 NW 40th Ave Lauderhill, FL 33313
Store Hours: M-S: 10am-8pm
Sun: 11am-6pm
TO GET SCHOOL UNIFORMS

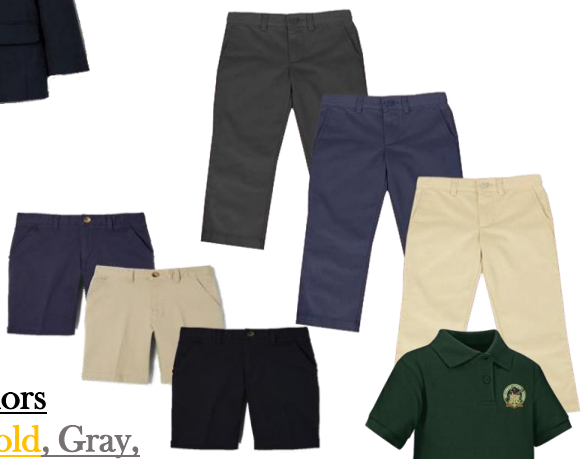
Boys Uniforms

Tops, Blazer, Tie & Vest

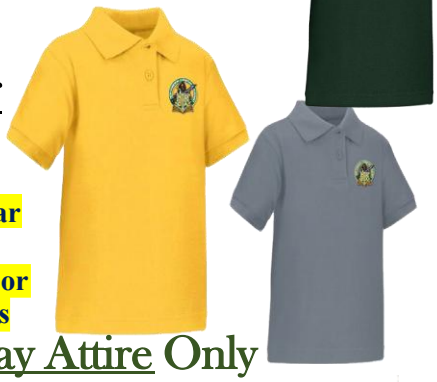


Button down tops must be worn with tie & vest or blazer. This attire is for every Monday only. PROFESSIONAL DAY.

Bottoms



School Colors
Hunter Green, Gold, Gray, Black, or White →



Outerwear/Winter Options

If student choose to wear another choice of outer wear other than cardigan, and blazer (with school logo) parent(s) please be advised that all outwear (sweater, or jackets) must be dark colored or colors that matches school uniform colors.

Thursday Attire Only P.E. Sets

Shoes ANY Brand Sneakers

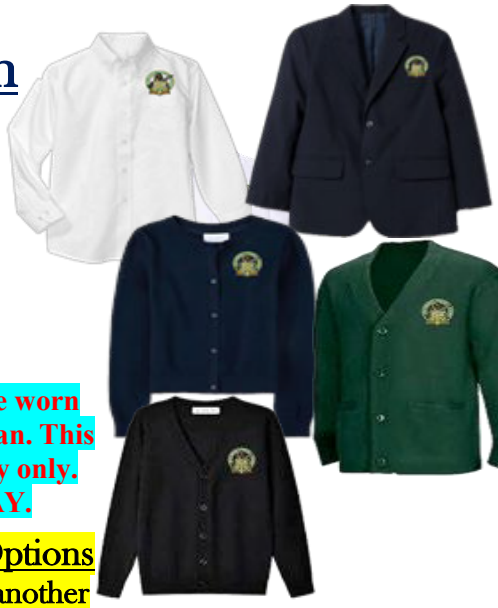
Sneakers must be colors that match uniforms. Dress shoe may be worn as well.

JGL EMBROIDERY (School Logo)
701 S. State Road 7 Plantation, FL 33317
Store Hours: M-F: 9am-6pm
Phone: (954)709-2421
TO GET UNIFORMS EMBROIDERED

SCOONI'S UNIFORM STORE
1347 NW 40th Ave Lauderhill, FL 33313
Store Hours: M-S: 10am-8pm
Sun: 11am-6pm
TO GET SCHOOL UNIFORMS

Girls Uniforms

Tops, Blazer, Tie & Cardigan

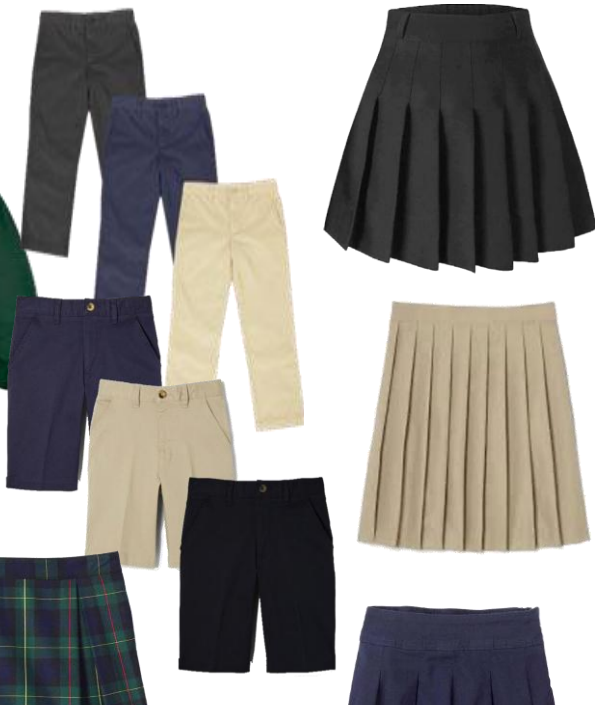


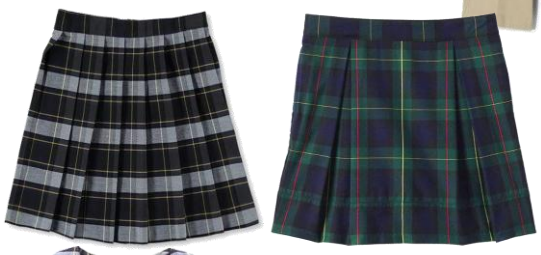
Button down tops must be worn with tie & blazer or cardigan. This attire is for every Monday only. PROFESSIONAL DAY.

Outerwear/Winter Options

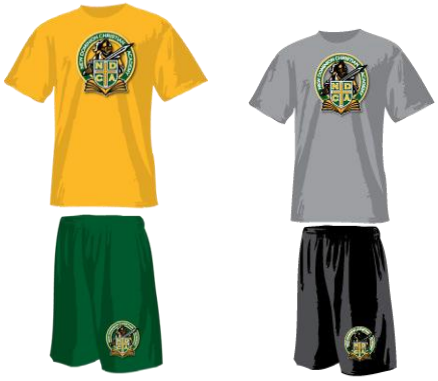
If student choose to wear another outer wear other than cardigan, and blazer (with school logo) parent(s) please be advised that all outwear (sweater, or jackets) must be dark colored **or colors that matches school uniform colors.**

Bottoms/Skirts



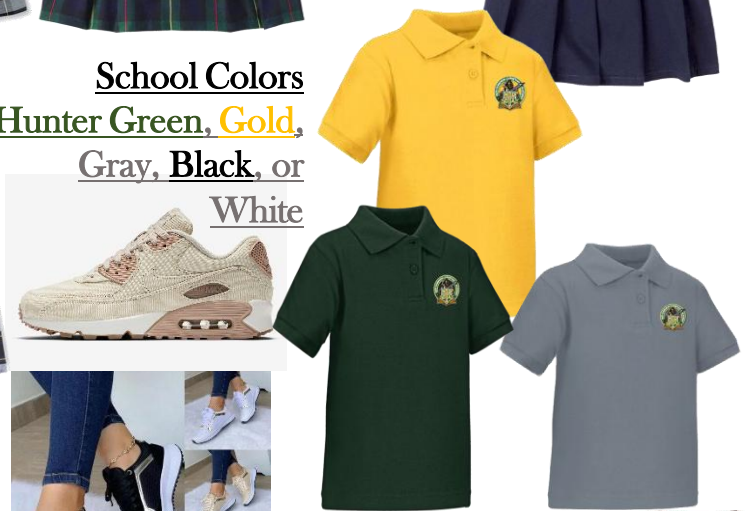


Thursday Attire Only P.E. Sets



School Colors

Hunter Green, Gold, Gray, Black, or White



Shoes: ANY Brand Sneakers
No Slides, Crocs, or open toes shoes

Sneakers must be colors that match uniforms. Dress shoe may be worn as well.

Principal: Ms. Bianca McCloud

Headmaster: Mr. T. McCloud

Student Registration Form

"Home of the Knights"

Email: newdominion2020@yahoo.com

PH: (954)532-5757

Student's First Name (Legal)	Last Name (Legal)	Middle Initial	Grade Level Attending

Student's Primary Home Address	Apt #	City	Zip Code	Gender
				☐ Male ☐ Female

Home Phone #	Parent Cell Phone #	Parent E-mail Address	Student SSN	Student D.O.B.

Student Lives With	Ethnicity	Race (Check all that apply)
☐ One Parent ☐ Legal Guardian ☐ Both Parents ☐ Independent Student ☐ Other: _____	☐ Non- Hispanic or Non- Latino ☐ Hispanic or Latino	☐ White ☐ Native American/ Native Alaskian ☐ Asian ☐ Native Hawaiian/ Pacific Islander ☐ Black/ African- American

Registering Parent's First Name (Legal)	Last Name (Legal)	Relationship to Student	Contact(s) #
			Cell Phone #: Work Phone #:

Non-Registering Parent First Name (Legal)	Last Name (Legal)	Relationship to Student	Contact(s) #
			Cell Phone #: Work Phone #:

Household Survey

☐ Yes ☐ No Does the student live with parent(s) with the given address?

☐ Yes ☐ No Does the student have any special circumstances at home that we should be aware of to be assistance if needed?

If the above question is a yes, can you please describe if possible?:

Home Language Survey (If the answer is "Yes" to any of these questions, the student must be tested for English proficiency.)	
☐ Yes ☐ No Is a language other than English used in the home?	If "yes", which language?
☐ Yes ☐ No Does the student have a first language other than English?	If "yes", which language?
☐ Yes ☐ No Does the student most frequently speak a language other than English?	If "yes", which language?

Spiritual Lifestyle Survey	
☐ Yes ☐ No Do you currently attend church?	What is the name of your current place of worship?
☐ Yes ☐ No Do you consider yourself committed to your religious teachings and display them in your daily lifestyle outside the four walls of your place of worship?	How long have you been attending your place of worship?
☐ Yes ☐ No Are you currently active within your place of worship?	If so, how:

Has the student previously been:			
☐ Yes ☐ No Enrolled in Broward County Public School?	☐ Yes ☐ No	Retained (repeated the same grade)? If so, what grade: _____
☐ Yes ☐ No Enrolled in a Charter School in Broward County?	☐ Yes ☐ No	In Exceptional Student Education (ESE)?
☐ Yes ☐ No Enrolled in a Home Education program?	☐ Yes ☐ No	On a 504 plan?
☐ Yes ☐ No Expelled from school?	☐ Yes ☐ No	In an ESOL progam?
☐ Yes ☐ No Convicted of a felony?	☐ Yes ☐ No	In a Magnet program?
☐ Yes ☐ No Involved in the Juvenile Justice System?	☐ Yes ☐ No	In Foster Care?
☐ Yes ☐ No Referred for mental health services?	☐ Yes ☐ No	In a Gifted program?

Previous School Name(s)	City/State/Country	Year(s) Attended	Grade(s)	Type
				☐ Public ☐ Private ☐ Charter ☐ Home Ed
				☐ Public ☐ Private ☐ Charter ☐ Home Ed

The above information is correct and complete to the best of my knowledge. In the event of a change of name, address or phone, I will notify the school office in writing within ten (10) days. I understand that students whose parents are found, after appropriate investigation, to have submitted faudulent information in an effort to enroll a student in a school to which the students is not assigned shall be immediately withdrawn by the school and the parent must enroll the student in the appropriate boundaried school or follow the reassignment procedures. I have read and understand that I must submit appropriate proof of residency documentation, per School Board policy 5.1. Florida Statues 837.06 provides that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree. Florida Statues 92.525 provides that whoever knowingly makes a false declaration under penalties of perjury is guilty of the crime of perjury by false written declaration, a felony of the third degree.

Print Registering Parent Name	R	Date

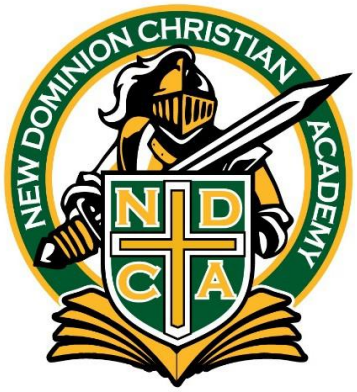
Date Received:

_____

Application Fee:

_____

Office use only



Enrollment Application

School Year: _____

Scholarship Amount: _____

Date of Application _____ Applying for Grade _____ Returning/New **R** **N**

Circle one

Applicant's Name (Student) _____

Last First Middle Initial

Address _____

Street City State Zip Code

Home Phone (_____) _____ **Date of Birth** _____/____/_____

Male ☐ **Female** ☐ **Student's Social Security Number**---------- _____

Parent
Social Security Number ---------- _____ **(McKay/Step Up students only)**

Previous school attended _____

Mother's Name _____

Home Address _____

If different from above

Home phone (_____)_____ **Cell Phone** (_____)_____

If different from above

Occupation _____ **Employer** _____

Work Phone (_____)_____ **Email** _____

Father's Name _____

Home Address _____
If different from above

Home Phone (_____)_____ **Cell Phone** (_____)_____
If different from above

Occupation _____ **Employer** _____

Work Phone (_____)_____ **Email** _____

With whom does the student live? ☐ Both Parents ☐ Mother ☐ Father ☐ Guardian

Parents are: ☐ Married ☐ Separated ☐ Divorced ☐ Single

Personal Information

Has your child been referred for psychological or education assessment? Yes/No. If yes, please briefly

Describe: _____

_____

_____

Please describe any special needs: _____

Family Church Affiliation (if any): _____

In what activities has the student's participated in school? _____

_____

_____

What are the student's hobbies, interests or activities outside school? _____

_____

Family Information

Please list the names and ages of other children in the family.

Name _____ Age_____ School Attending _____

Name _____Age_____ School Attending _____

Name _____Age_____ School Attending _____

Student Release Information

Each child will be released only to a parent or a person named by the parent. Please list the person or person's authorized by you to pick up your child.

Name _____ Phone (_____)_____
Name _____ Phone (_____)_____
Name _____ Phone (_____)_____

*** Name of person (s) not authorized to pick up your child: _____

_____

_____

Publicity Authorization

New Dominion Christian Academy, Inc. anticipates using children's picture and names for publicity and news stories. Please mark the appropriate information for your child.

☐ I **do** give permission to NDCA to use my child's picture and name for publication purposes.

☐ I **do not** give permission to NDCA to use my child's picture and name for publication purposes.

Emergency Contacts

Please list below the names and phone numbers of persons to contact if your child becomes ill at school and you cannot be reached.

Name _____ Phone (_____) _____
Name _____ Phone (_____) _____
Name _____ Phone (_____) _____

Medical Diagnosis

Has your child ever received a mental health diagnosis, such **as ADHD or Autism?** ☐ Yes ☐ No

Has your child been prescribed medication for a mental health diagnosis? If yes, please list medications

_____

What is the diagnosis or prognosis? _____

_____

_____

Authorization for Medical Treatment of Minors

Name of Minor _____ Date of Birth _____

Allergies, special conditions or medications: _____

_____

I/We being the parents (s) or legal guardian (s) of the above-named minor do hereby appoint the faculty and staff of NDCA to act on **my/our** behalf in authorizing unexpected medical, dental, hospitalization, and surgical care for the above-named minor during the period of **my/our** absence. This document shall be presented to a physician, dentist, or appropriate hospital representative at such a time as unexpected medical, dental, hospitalization or surgical care may be required.

Insurance company/Gov. Program _____

Medicaid ID number _____

ID, group or contract number _____

Family physician or pediatrician _____ Phone (_____)_____

Physician's Address _____
Street City State Zip Code

Parent or Guardian Signature _____ Date _____

Parent or Guardian Signature _____ Date _____

Witness Signature _____ Date _____

I hereby state that the information I have provided in this application is accurate and complete

Signature of Parent or Guardian _____ Date _____

New Dominion Christian Academy admits students of any race, color and national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the Academy. It does not discriminate on the basis of race, color, disability, national or ethnic origin in administration of its educational policies, admissions policies and other school-administered programs.

For Office Use Only: This portion is for Scholarship information purposes:

Step Up For Students ☐

AAA Scholarship ☐

McKay Scholarship ☐

Private Paying Parent ☐

Student Allergy Form

Student's Full Name: _____ Grade: _____
Name of Person Filling out this form: _____
Telephone (Home): _____ (Cell) _____

Please be as thorough and detailed as possible. If your child does not have any known allergies, please indicate as well. (A copy of this form will be given to your child's teacher.)

☐ My child does not have any known allergies.
☐ My child has the following known allergies and symptoms.

Allergy	Symptom(s)	Trigger(s)
1.		
2.		
3.		

If there are any changes in the future, please inform the school office in writing immediately.

AUTHORIZATION

Parent's/Guardian's Name (please print): _____

Parent's/Guardian's Signature: _____ Date: _____

PASSWORD

The password is used for the protection of your child.

Circumstances may occur when you will need someone that is not listed on enrollment to take your child from this facility. When these circumstances arise, you will need to call and inform us of your instructions. You will be asked your password. Informing us of your password will allow us to carry out your instructions. If you do not provide or remember your password, we may not be able to carry out your instructions from over the telephone. The password for your child should not be given to any other individual. The password provides a code between staff and parents only to permit us to follow your instructions from over the phone. We ask that the following procedures to be performed when using your password in order to carry out your instructions in regards to the dismissal for your child(ren) ***(1)*** *Call the school/ front office* ***(2)*** *Give your instructions to the corresponding staff to be carried out along with the given password* ***(3)*** *Inform the designated person that he/she must come inside the school in the front office to sign him/her out in addition to providing the front office a photo copy of his/her ID/ Driver's License.* We ask that all parents to please follow these guidelines/procedures in regarding the dismissal and safety of your child(ren) leaving this school to ensure that they are given to the person you have instructed us beforehand in addition to that person's arrival on site. Signing below informs us that you agree with our guidelines to be carried out regarding the child's safety for dismissal.

_____

Password

Each child will be released only to a parent, or a person named by the parent. Please list the person or person's authorized by you to pick up your child.

Name _____ Phone (_____) _____
Name _____ Phone (_____) _____
Name _____ Phone (_____) _____

_____ _____

Parent/ Guardian Signature **Date**

PLEASE TURN BACK OF PAGE

Media Release Form

As a parent of a student at New Dominion Christian Academy, I understand that my child/children may be photographed, videotaped or interviewed by the news media to promote New Dominion. I understand that pictures and interviews may be used on the school's Web site, Facebook, in school publications and electronic media as indicated below.

<u>You Must Mark A Choice in Both Section A and Section B</u>

Section A

Pleases Check Choice #1 or Choice #2

(If no choice is marked, then it will default to choose choice #1)

1. ☐ **I WILL** permit my child/children to be photographed, filmed or interviewed by the news media or by the school to promote New Dominion Christian Academy.
2. ☐ **I WILL NOT** permit my child/children to be photographed, filmed or interviewed by the news media or by the school to promote New Dominion Christian Academy.

Section B

PLEASE Check Choice #1 or Choice #2

(If no choice is marked, then it will default to choose choice #1)

1. ☐ **I WILL** Permit my child/children to be photographed, videotaped or interviewed for school publications, such as school yearbooks, school newspapers, class pictures, or other school communications tools. I understand the school is required to releases this information if requested by the media or other members of the public (i.e., public records requests)
2. ☐ **I WILL NOT** Permit my child/children to be photographed, videotaped or interviewed for school publications, such as school yearbooks, school newspapers, class pictures, or other school communications tools. I understand my student will not be included in school publications, such as school yearbooks, school newspapers, class pictures, or other school communications tools.

_____ _____

Student Name (PRINT) Parent Name (PRINT)

_____ _____

Parent Signature Date

Resilient Environment Department
Consumer Protection Division
CHILD CARE LICENSING AND ENFORCEMENT
One North University Drive, Suite A203,
Plantation Florida 33324
954-357-4800 • Fax 954-765-4804

AUTHORIZATION FOR EMERGENCY TREATMENT

Today's Date: _____

To Whom It May Concern:

I hereby give my consent to _____
Name of Hospital

to administer necessary treatment to my child, _____
Name of Child

in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if situation warrants it.

Name of Physician: _____ **Phone:** _____

Allergies of Child: _____

Date of Last DPT or Tetanus: _____

Insurance Company Covering Child: _____

Policy Number: _____ **Expiration Date:** _____

_____ _____
Signature of Parent or Legal Guardian Date

Sworn to and subscribed before me this _____ day of _____, 20 ___,

by _____
Name of Person Acknowledged

My Commission Expires:

_____
Signature of Notary Public, State of Florida

_____
Print or Type Name of Notary as Commissioned

☐ Personally Known
☐ Produced Identification
Type: _____
#: _____

5

Resilient Environment Department
Consumer Protection Division
CHILD CARE LICENSING AND ENFORCEMENT
One North University Drive, Suite A203,
Plantation Florida 33324
954-357-4800 • Fax 954-765-4804

AUTHORIZATION FOR MEDICATION

No prescription or medication shall be given by child care personnel without the signed permission of parent or guardian.

Name of child: _____

Name of medication or prescription number: _____

Amount of medication to be given: _____

Time medication is to be given: _____

Date: _____ **Signature of parent or guardian:** _____

Date & Time	Type of Medication	Amount Given	Signature of staff giving medication

*** MUST BE KEPT ON FILE AT FACILITY.**

NEW DOMINION CHRISTIAN ACADEMY

1419 SW 26th Ave Pompano Beach, FL 33069

Office: (954)532-5757

Email: newdominion2020@yahoo.com

Official Transcript Request Form

New Dominion Christian Academy (DOE School Code 4646 is requesting an official transcript for the student listed below. The student listed below is enrolling in New Dominion Christian Academy Private School and withdrawing from the current school.

Student Name: _____

Student Number: _____

Date of Birth: _____ Withdrawal Date: _____

Last School: _____

Grade: _____ Last 4 Digits of Social: _____

Parent Name: _____

Contact Number: _____

_____ _____

Parent Print Name **Parent's Signature**

Please sent official transcript to:

NEW DOMINION CHRISTIAN ACADEMY

1419 SW 26th Ave Pompano Beach, FL 33069

Email: newdominion2020@yahoo.com