

**NORTHPOINT CHRISTIAN ACADEMY
APPLICATION FOR ADMISSIONS SCREENING**

Please complete one per student and submit to: ERIKA.G@ABCEDSERVICES.COM

___ Sibling applicant

Date: _____ Student Applicant's Name: _____

Age: _____ Date of Birth: _____

Parent Name(s): _____

Address: Street _____ City _____ Zip _____

Phone:

Mother: Home _____ Work# _____ Cell# _____

Father: Home _____ Work# _____ Cell# _____

Current Grade: _____

Applying to Grade: _____

I HAVE ENCLOSED A CHECK FOR \$100.00 (PER CHILD) TO ABC EDUCATIONAL SERVICES, INC., FOR AN ADMISSIONS SCREENING BATTERY FOR THE 2022-2023 ACADEMIC YEAR. YOU MAY ALSO EMAIL THIS FORM DIRECTLY TO ERIKA.G@ABCEDSERVICES.COM AS A PDF FILE AND CALL THE OFFICE FOR PAYMENT WITH A VISA OR MASTERCARD.

I understand that I will receive a call from the ABC office to schedule my child's screening, and that this fee is non-refundable if I cancel or do not show up for my appointment. If it should become necessary for me to reschedule within 24 hours of my child's appointment, I will pay an additional \$25.00 rescheduling fee, due at time of rescheduling.

PARENT SIGNATURE

Your child's screening results will be sent directly to you by NorthPoint Christian Academy

PLEASE RETURN FORM AND PAYMENT TO:

ABC Educational Services, Inc.
201 East Matthews Street, Suite 102
Matthews, NC 28105
(704) 443-2990