2026-2027

We are a REACH Inclusion school – embracing all children who desire a Christian education, including those with learning differences and physical challenges. Greater New Orleans Christian Academy is Your *Choice for Character, Competence, and Creativity.*

Address: 5220 Irving Street, Metairie, Louisiana 70006

Phone: (504) 302-7940

Website: www.gnoca.org

2026-2027

PRINCIPAL'S LETTER

Dear Prospective Students and Parents:

Thank you for your interest in Greater New Orleans Christian Academy, a First Grade through tenth grade R.E.A.C.H. (Reaching to Educate All Children for Heaven) Inclusion school. We are committed to providing a well-rounded, biblically-centered curriculum for all children who desire a Christian education, teaching them to glorify God and benefit mankind. Our caring and committed teachers strive to uphold the highest levels of professional and personal standards.

Our focus is on three pillars of excellence:

- **Character** Building: proactive decision making based on a framework of integrity, love for God, and service to community.
- Academic **Competence:** excellence in scholastic achievement demonstrated by the ability to think clearly, logically, and independently.
- **Creativity:** a unique and valued expression of self within the larger context of humanity.

Our small class sizes encourage attention to the individual needs of each student. In addition to the standard academic curriculum, the following enrichment courses are offered: fine arts, visual arts, performing arts, modern languages, and public speaking. Each classroom has access to the Internet, and students use technology for enrichment, research, and projects.

This year, we have implemented several changes to the school-wide program. Please read the accompanying material carefully as information in the handbook is being updated. If you would like to tour the school or receive further information, please call 504-302-7940. We will be happy to meet with you and answer any questions you may have.

May God richly bless you

Sincerely,

Teacher Sheila Capobres
Principal

2026-2027

APPLICATION FORM

*** PLEASE PRINT ***

STUDENT INFORMATION

Full Legal Name: Last: _____ First: _____Middle: _____

Grade: _____ Gender: _____ Age: _____ Date of Birth: Month: _____ Day: _____ Year: _____

Place of Birth: _____Social Security #: _____

Baptizes? ___Yes ___No Seventh-day Adventist (SDA)? ___Yes ___No When? _____

Has your child ever been referred or tested for a learning difference? ___Yes ___No When? _____

Why?_____

What was the outcome?_____

Does your child have a 504 Plan or an IEP? ___Yes ___No Is it included? ? ___Yes ___No

Is your child taking any medications? ? ___Yes ___No Type: _____

PARENT INFORMATION

Mother/Guardian's Name: _____ Father/Guardian's Name: _____

Address: _____ Address: _____

Occupation: _____ Occupation: _____

Phone: Work _____ Work _____

Home _____ Home _____

Cell _____ Cell _____

Email: _____ Email: _____

SDA? ___Yes ___No Church _____ SDA? ___Yes ___No Church _____

EMERGENCY CONTACT

Name: _____ Name: _____

Phone: Work _____ Work _____

Home _____ Home _____

Cell _____ Cell _____

Contract of Parent/Guardian: I agree to comply with the regulations and policies of Greater New Orleans Christian Academy as stated in the handbook or as shall be announced by the Principal and School Board during the year. I agree to assume financial responsibility for my child. I attest that all documentation contained herein and attached is factual, honest, and accurate.

Parent/Guardian's Signature: _____ Date: _____

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ACKNOWLEDGMENT RECEIPT FOR GNOCA'S HANDBOOK AND CLASSROOM DISCIPLINE WIDE PLAN

I have read the GNOCA School Handbook for the 2021-2022 School Year in a digital form through the website gnoca.org and if I needed a printed copy I will request for one. I understand the policies, rules and information contained therein together with the Classroom Wide Discipline Plan.

Child's Name _____ Grade _____

Child's Name _____ Grade _____

Child's Name _____ Grade _____

Child's Name _____ Grade _____

Signature of Parents/Guardian_____ Grade _____
(PRINTED OVER SIGNATURE)

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CONSENT TO TESTING

Testing is requested to determine your child's academic progress so we can best serve his/her needs. This is not to be considered a complete battery of tests, but it will help the teachers evaluate and meet your child's individual needs.

The test may include:

- Achievement
- Cognitive Ability
- Developmental Maturity
- Concentration and Focusing Ability
- Learning Disability
- Mental Age
- Readiness
- Other _____

If your child has had any prior testing of this kind, it is important for the school to have a copy of the testing results so additional testing is not administered unnecessarily.

****

I give permission for Greater New Orleans Christian Academy to test my son/daughter during the registration process and at any time he/she is enrolled here. I understand that after the testing results are completed, I will be notified and a meeting will be held to discuss the results.

Name of Student(s): Entering Grade: Age:

_____

_____

_____

_____

Parent/Guardian: (print)

_____

Signature: _____ Date: _____

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EMERGENCY INFORMATION CARD/EMERGENCY CONSENT TO TREATMENT

Emergency Information Card

Family Name	First Name	Middle Initial
Address	City	State/Zip
Parent or Guardian/Home Phone	Cell Phone	Business Phone
1st Emergency Name/Home Phone	Cell Phone	Business Phone
2nd Emergency Name/Home Phone	Cell Phone	Business Phone
Physician's Name	Office Address	Office Phone
School	Teacher-Grade	Date Enrolled

Emergency Consent to Treatment

In case of accident or of serious illness, the school will try to contact me at the numbers given on this card. If the school is unable to contact me, I hereby authorize a school teacher, principal, or nurse to take my child to the physician indicated in the emergency information. If it is impossible to contact this physician, the school representative may take my child to the nearest available hospital or to the person listed as an emergency name. This consent shall remain in continuous effect until revoked in writing and delivered to the school entrusted with the custody of said minor.

Signature of Parent or Guardian_____Date_____

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PAYMENT AGREEMENT – 1 OF 3

Student_____Grade_____

Parent/Guardian_____

PAYMENT OPTIONS				
Grade	Application Fee (Non-Refundable)	Registration Fee (Non-Refundable)	Annual Tuition	Monthly Tuition (10 months: Aug – May)
K through 4	$100.00	$600	$4,400.00	$440.00
5 through 9	$100.00	$600	$4,400.00	$440.00

PAYMENT SCHEDULE	
	Monthly Payments
Bounced checks are subject to a $35.00 return fee. Replacement payment must be Money Order or Cashier's Check	10 Installments (by First day of school – May 1): Tuition due by the 1st of each month. Late fees may apply. Take advantage of the Summer Incentive Payment Plan and earn up to $90 off tuition. Ask the Treasurer for more information.
Application & Registration Fees due BEFORE student starts school.	

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PAYMENT AGREEMENT – 2 OF 3

I, _____, will be responsible for the costs of my children to attend Greater New Orleans Christian Academy, and I agree to pay in:

__ 10 monthly payments (1st day of School through May 1)
__ 2 annual payments (by 1st day of School and January 1 – with a 5% discount)
__ 1 annual payment (by 1st day of School – with a 10% discount)
__ Other (Please describe: _____

_____

Note: If you select "Other," you must review this form with GNOCA Finance Committee.

Parent/Guardian's Signature_____

Date: _____

Telephone: _____

E-Mail Address: _____

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PAYMENT AGREEMENT – 3 OF 3

Parents with two or more children will receive a family account. Any payments made on the bill will be applied to the total, unpaid balance.

A student who has an unpaid balance from the previous school year will not be permitted to re-enroll until satisfactory arrangements for payment have been made. Students with outstanding accounts in another school will not be admitted to Greater New Orleans Christian Academy until clearance has been sent to GNOCA by that school.

Before a student can officially withdraw from GNOCA, the parents and students must complete the Exit Procedure outlined below. Upon completion, GNOCA will provide grades, transcripts, and cumulative folders to parents/guardians and other school. Tuition will continue to be charged until formal notice has been made to the school of the student's withdrawal.

_____ Textbooks/school materials returned in good condition or replacement costs paid
_____ Lockers/Crates/Desks cleared out
_____ Tuition paid in full
_____ Before/Aftercare bill paid in full

All final grades, quarterly progress reports, transcripts, and diplomas will be held by the school until the balance due on the family's account has been paid in full. Eighth grade students and Kindergarten students will not be permitted to participate in graduation, class trips, or end of the year activities if the family's account is not paid.

Parent/Guardian Signature: _____Date: _____

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COMPUTER /INTERNET ACCEPTABLE USE CONTRACT

Name: _____ Grade: _____

Use of the Internet provides great benefits to learners. Unfortunately, some materials accessible via the Internet may contain items that are illegal, defamatory, or offensive to some people. Access to the Internet is given as a privilege to learners who agree to act in a considerate and responsible manner. We require that learners and parents/guardians read, accept, and sign the following rules for acceptable online behavior as long as they are enrolled at GNOCA.

1. School and classroom rules for behavior and communications apply.
2. Network storage areas may be treated like school lockers. Network administrators may review files and communications to maintain system integrity and ensure that users are using the system responsibily. Users should not expect that files are completely private.
3. Violations may result in loss of access as well as other disciplinary or legal actions.
4. Flash drives will be provided to students by the school.
5. I agree that I will:
    a. Treat others the way I want to be treated.
    b. Not send or display offensive messages or pictures
    c. Use good manners and courteous language at all times
    d. Not harass, insult, or attack others
    e. Uphold copyright laws
    f. Not use other individual's passwords and/or trespass other individual's folders, work or files
    g. Not use the network for commercial purposes
    h. Not waste time by engaging in activities that are not related to my academic learning, such as chain letters and instant messaging
    i. Shut down the computers correctly
    j. Never delete or erase the history list on my computer
    k. Not enter online chat rooms
    l. Install no programs on the computer
    m. Not play violent, sexual, or otherwise inappropriate games
    n. Never reveal the personal name, address, or phone number of myself or any other person without express permission from my instructor

I have read and understand the rules for acceptable outline behavior and agree to comply. Should I violate the rules, I understand that I may face disciplinary action and lose network privileges at Greater New Orleans Christian Academy.

Student's Signature: _____ Date: _____

As parent/guardian of the minor signing above, I grant permission for the above student to access network computer services such as email and the Internet. I understand that some materials on the Internet may be objectionable, but I accept responsibility for providing guidance to the above student both inside and outside of the campus setting, and for conveying standards for the above user to follow when selecting, sharing, and/or exploring information and media.

Parent/Guardian's Signature: _____ Date: _____

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FIELD TRIPS/TEXTBOOK AGREEMENT/PHOTO AGREEMENT/PICK UP PERSONAL CONSENT

Name: _____ Grade: _____

FIELD TRIPS

During the years your child is enrolled at GNOCA, there will be several field trip opportunities. Notes will be sent home informing parents of the particular arrangements. School personnel will take all normal precautions to ensure safety. I further agree that, in the event of injury or accidental death, I will not hold the school or its personnel liable beyond the coverage provided by the school accident insurance policy when reasonable care and supervision have been provided. If I do not want my child to attend field trips, I will notify the school in writing.

"I do hereby grant permission for my child to attend field trips with GNOCA."

Signature of Parent/Guardian: _____ Date: _____

TEXTBOOK AGREEMENT

GNOCA loans your child the textbooks s/he uses throughout the school years that s/he is enrolled here. These books are loaned for a fee that covers the use of the books during the year. Should any of the books be lost or damaged, they will be charge to your account at the current replacement cost. At the end of the year, the books are to be returned to the teacher in good condition, with no marks in them.

"I have read the Textbook Agreement and will abide by these terms."

Signature of Parent/Guardian: _____ Date: _____

PHOTO AND VIDEO AGREEMENT

"My signature below gives permission for my child's picture to be taken and posted for current and future school pictures, ID badges, yearbook, school advertisements, school website, school newsletter, and school/ classroom display. If I do not want my child's picture posted, I will notify the school in writing."

Signature of Parent/Guardian: _____ Date: _____

PICK UP PERSONNEL

"I do hereby grant permission for the following person to pick-up my child or children from Greater New Orleans Christian Academy or the extended care program, if I am unable to do so personally. No one else may pick-up my child unless I inform the school through a phone call with a witness, a signed letter, or a court decree."

1. _____ 2. _____ 3. _____

Signature of Parent/Guardian: _____ Date: _____

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CONSENT TO TREATMENT AND AUTHORIZATION TO RELEASE INFORMATION

We the undersigned parent(s) or guardian(s) of

_____

(Name of Student)

A minor, do hereby consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor under a general or special instructions of our doctor, _____, M.D., or any physician the school or 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 above before any other physician is called by the school or other organizations.

It is further understood that this consent is given in advance of any specific diagnosis or treatment which might be required and is given to authorize Greater New Orleans Christian Academy, or the physician to exercise their best judgment as to the requirements of such diagnosis or treatment.

This consent shall remain in continuous effect until revoked in writing and delivered to the physician named above or to the school or organization entrusted with the custody of said minor.

WE hereby authorize any hospital, physician, or other person who has attended or examined the minor to furnish to the school insurance service, or its representative, any and all information with respect to any illness, medical history, consultation, prescriptions, or treatment, and copies of all hospital or medical reports. A photocopy of this authorization shall be considered as effective and as valid as the original.

Signature(s) of parent(s)/guardian(s): _____ Date: _____

Medical Information	Name	Phone Number/Policy Number	Address/Group #
Insurance			
Healthcare Provider			
Dentist			
Allergies			
Medication			