



402 Colorado Street, Salem, VA 24153
P.O. Box 6126 Roanoke, VA 24017
540.375.4520

The NCA admissions policy does not discriminate based on sex, race, or national origin.

Dear Parents:

Thank you for your interest in Noah-Christian Academy. Our desire is to assist you in your search for a quality Christian education. The enclosed information will enlighten you on NCA's mission and policies as well as provide the necessary forms for admission. Please note ***PRE-SCHOOL STUDENTS MUST BE POTTY TRAINED***

After carefully reading the enclosures, please: (CHECK WHEN EACH ONE IS DONE)

- Complete one **ADMISSION APPLICATION** for each child you wish to enroll. More forms may be obtained in the school office.
- Submit the completed and signed.
 - **ADMISSION APPLICATION(S) (gold form)**
 - **PARENTAL AGREEMENT FORM**
 - **FAMILY SCHOOL COVENANT POLICY FORM**
- Submit
 - **A COPY OF YOUR CHILD'S LATEST**
 - **SCHOLASTIC and MEDICAL RECORDS ***
 - **STANDARDIZED TEST RESULTS (within the last 12 months) ***
 - **\$25 TESTING FEE for Kindergarten applicant(s)**
- **Pre-School, Kindergarten and Newly Enrolled Students**
 - **Birth Certificate**
 - **Immunization (shots) record**
 - **Social Security Card**
 - **School Entrance Physical (Kindergarten and Newly Enrolled Students)**
- **Requested but not required.** Complete the first section of the **PASTOR'S CONFIDENTIAL REFERENCE FORM** before giving to your pastor. He or she should then complete section two and mail it directly to NCA, P.O. Box 6126, Roanoke, VA 24017. **If you don't have a church home, a letter of reference from a reliable source will suffice.**
- Upon receipt of the above required forms, you will be contacted for a parent/child interview as soon as possible.
- **REGISTRATION FEE**

God Bless,

Charnika Elliott

Founder & President

**It is requested that parents retain a copy of their child's permanent scholastic and medical records from the appropriate providers. Failure in doing so could cause a delay in reaching our office in a timely manner.*

Thank you for collaborating with NCA in making the best educational decisions for your child/children.

Providing Youth A Solid Foundation
Building Hope, Building Dreams, Building Our Community!

For New Enrollment Only

ADMISSION APPLICATION

Noah-Christian Academy

402 Colorado Street, Salem, VA 24153

An extension to Noah-Christian Community Center, Angels of Hope Outreach Ministry, Inc.

Office Use Only	
Date Received _____	
Amt. Reg. Rcv'd. _____	
<input type="checkbox"/> Cash	Check # _____
Interview Date _____	
By _____	Grade _____

Student Information					
Applying for Grade _____		**When? (month/year) _____			
**If applying for Kindergarten, child must be 5 years old by September 30.					
Name - Last _____		First _____		Middle _____	
Name used in school _____			Social Security # (Important) _____		
Mailing Address _____		City _____		State _____	Zip Code _____
Home Phone _____	Sex _____	Age _____	Date of Birth _____		Place of Birth _____
Names/ages of other children in family _____					

Parent Information					
Father/Guardian _____					
Employer/Job Title _____		Work# _____		Is this your direct extension? _____	
Cell Phone # _____		E-mail Address _____			
Marital Status (Circle all that apply) Married Widowed Separated Divorced Remarried					
Father's statement of faith in and relationship to Jesus Christ _____					
Church Membership - Name _____			Address _____		
Attend (please circle)	Regularly	Not Regularly	Pastor's Name _____		Phone _____

Mother/Guardian _____					
Employer/Job Title _____		Work# _____		Is this your direct extension? _____	
Cell Phone # _____		E-mail Address _____			
Marital Status (Circle all that apply) Married Widowed Separated Divorced Remarried					
Mother's statement of faith in and relationship to Jesus Christ _____					
Church Membership - Name _____			Address _____		
Attend (please circle)	Regularly	Not Regularly	Pastor's Name _____		Phone _____

Medical/Emergency Information					
At the present time, does the applicant have a communicable disease? Yes No					
Are there any allergies, medical problems, or instructions about which we should know?					
Explain _____					
Family Physician _____		Phone _____		Hospital preferred. _____	
Names of relatives or responsible persons to contact in case the parents cannot be reached.					
Name _____		Phone _____		Relationship _____	
Name _____		Phone _____		Relationship _____	
Name _____		Phone _____		Relationship _____	

Continued

Previous School Information			
List all schools the student has attended, including preschools, home-schooling and/or day care.			
Dates	Grades	Name of School	Address
Has any grade been repeated? Yes No If yes, which one?			
Reason			
Has applicant had any discipline problems? Yes No			
If yes, explain.			
Does the applicant have any physical, emotional, or mental handicaps which may affect activities or progress? Yes No If yes, explain.			
Has the applicant ever taken any type of psychiatric, psychological, or educational testing other than the regularly administered school achievement tests? Yes No If yes, explain.			
Has applicant received any type of tutoring or therapy? Yes No If yes, explain			

Father/Guardian Signature	Date	Mother/Guardian Signature	Date
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Send this form with the Parental Agreement Form, and the Family-School Covenant Policy Form along with registration fee to the school office. Interviews will be scheduled upon receipt and review of completed application.

Providing Youth A Solid Foundation



Building Hope, Building Dreams, Building Our Community!



Noah-Christian Academy

Tuition 2026-2027

Pre-K3	Annual	Semi-Annual	10 Months	11 Months
1 Child				
Half Day - 3 days	\$4100	\$2050	\$410	\$372.72
Half Day - 5 days	\$4800	\$2400	\$480	\$436.36
All Day - 5 days	\$5300	\$2650	\$530	\$481.81
Pre-K4 - 6th Grade	Annual	Semi-Annual	10 Months	11 Months
1 Child	\$6000	\$3000	\$600	\$545.45
2 Children	\$9000	\$4500	\$900	\$818.18
3 Children	\$12,000	\$6000	\$1200	\$1090.90

Payment Options:

The tuition rates listed above can be paid Annually, Semi-Annually, 10 Monthly or 11 Monthly installments as follows:

Annually	September 1 st
Semi-Annually	September 1 st and February 1 st
Ten-Month Plan:	September 1 st through June 1 st
Eleven Month Plan:	September 1 st through July 1 st

We offer a discount for those who wish to pay their tuition in one or two installments. If you pay your entire bill up front (by September 1st) you will receive a 5% discount, this discount does not apply to any other fees (ex. book fees). If you pay it in two installments (September 1st & February 1st) you will receive a 3% discount, this discount does not apply to any other fees (ex. book fees).

Payments in all plans are due in the office by the 1st and/or 15th of every month varying on selected preference. A late charge of \$10 applies after the due date and an additional \$10 will be applied every 10 days thereafter. If a check is returned due to Non-Sufficient Funds, there will be a \$25 fee applied to the account. If not paid by the 30th of the month your child is subject to mandatory withdrawal from school until all finances are settled with the school administrator.

If you need tuition assistance, please inquire about the Virginia Tax Credit Program, requirements and qualifications.

****We are seeking students to be enrolled by Wednesday, July 1st, 2026**

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Building Hope, Building Dreams, Building Our Community!*



Noah-Christian Academy
2026-2027 Registration and Curriculum Fee Information
Pre-K3 & Pre-K4

- A non-refundable **Registration Fee** per student is payable with submission of all applications.
 \$100.00 Registration Fee if paid by March 31, 2026
 \$125.00 Registration Fee if paid by April 30, 2026
 \$150.00 Registration Fee if paid after April 30, 2026

- **Pre-K3 Curriculum fee of \$100** is due with application submission.
- **Pre-K4 Curriculum fee of \$150** is due with application submission. (See attached with details on uniform colors and sizes)
- **Pre-K4 Graduation fee \$30**

****Please note curriculum fees are subject to change based on current market prices****

NCA Parent Agreement

Name(s) of Child(ren) 2026-2027	Grade
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We prefer to make tuition payments by (please circle one):

10-month plan	11-month plan	Semi-Annual	Annual
		<small>Total Tuition divided by 2</small>	<small>Total Tuition</small>

For monthly plans please circle one:

1st of month	15th of Month
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****A letter and/or phone call is to be expected if a payment cannot be made or if it will be late.***

We agree to the above commitment. We recognize the importance of our faithfulness and understand that if any policies or procedures are broken, our enrollment may be placed under a probationary period.

X	X	
Father's Signature	Mother's Signature	Date



Noah-Christian Academy
2026-2027 Registration and Curriculum Fee Information
Kindergarten through 5th Grade

- A non-refundable **Registration Fee** per student is payable with submission of all applications.
 \$100.00 Registration Fee if paid by March 31, 2026
 \$125.00 Registration Fee if paid by April 30, 2026
 \$150.00 Registration Fee if paid after April 30, 2026
- A **Testing Fee of \$25** for all beginning Kindergartners is payable at time of enrollment.
- **Kindergarten Curriculum fee is \$175** and is payable as 1/2 due with application submission and the remainder made in payments in accordance with tuition payments.
****Please note curriculum fees are subject to change based on current market prices****
- **1st through 5th grade Standardized Testing fee is \$65**
- **1st through 5th grade Curriculum fee is \$375** and is payable as 1/2 due with application submission and the remainder made in payments in accordance with tuition payments.

NCA Parent Agreement

Name(s) of Child(ren) 2026-27

Grade

We prefer to make tuition payments by (please circle one):

10-month plan

11-month plan

Semi-Annual

Annual

Total Tuition divided by 2

Total Tuition

For monthly plans please circle one:

1st of month

15th of Month

11-month plan

****A letter and/or phone call is to be expected if a payment cannot be made or if it will be late.****

We agree to the above commitment. We recognize the importance of our faithfulness and understand, if any policies or procedures are broken, our enrollment may be placed under a probationary period.

X _____
Father's Signature

X _____
Mother's Signature

Date

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NCA Statement of Faith:

Salvation of Grace

We believe in salvation by grace. This is a free gift from God, given to all who believe in His Son Jesus, the Christ, and accept Him as the Lord of their life.

(Matthew 16:21-26) (John 3:16-19) (John 14:6) (Acts 4:12) (Romans 10:9-13) (Ephesians 2:4-9) (I John 5:9-12)

Deity of Christ

We believe in the deity of our Lord, Christ Jesus. Jesus is God incarnate, and was manifest in human flesh. He was like us in all ways except for one, being free from sin.

(Isaiah 9:6-7) (John 1:1-14) (John 5:22-23) (John 8:54-58) (John 10:30)

Holy Bible is the Inspired Word of God

We believe that the Bible is the inspired Word of God. The Word of God is eternal and unbroken.

(Numbers 23:16-19) (John 1:1-14) (II Timothy 3:15-17)

God exists in Three Persons – The Trinity

We believe in one God, eternally existent in three persons: God the Father, God the Son, and God the Holy Spirit.

(Deuteronomy 6:4-5) (Matthew 28:19-20) (Mark 12:28--31) (I John 5:7)

Virgin Birth of Christ

We believe that our Lord was conceived by the Holy Ghost, born of the Virgin Mary.

(Isaiah 7:14) (Matthew 1:18-23)

Christ Died for our Sins

We believe in the vicarious atoning death of Jesus, who died on the cross so that we might live - offering Himself up as the perfect sacrifice for sinful man.

(Romans 5:6-10) (I Thessalonians 5:9-10)

Bodily Resurrection and Ascension of Christ

We believe that Christ is the risen Saviour. Jesus rose from the dead, ascended into heaven, and is seated at the right hand of the Father.

(Acts 1:8-11) (Romans 8:31-35)

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Christ Defeated Satan

We believe that Christ defeated Satan through the cross and through Him we have redemption and victory.

(Romans 5:15-19) (John 16:33) (Hebrews 2:14-15)

Water Baptism

We believe that all believers should receive water baptism, as a demonstration of our faith, as in obedience to the commandment of our Lord. This act demonstrates a commitment by the believer and should be accompanied by a renewal and sanctification via the Holy Spirit. Water baptism is an outward symbol of spiritual identification with Christ death, burial, and resurrection.

(Matthew 28:18-20) (Mark 1:4-11)

Fruits and Gifts of The Holy Spirit

We believe in the fruits and gifts of the Holy Spirit, for the edification of the body of believers, and enabling the believer to live a life pleasing to God.

(Matthew 7:13-23) (Acts 2:38-39) (Romans 12:4-8) (I Corinthians 12:1-12) (I Corinthians 13:1-3) (Galatians 5:22-26)

Bodily Resurrection of Saints to Eternal Life

We believe in the bodily resurrection of the saints to eternal life.

(Isaiah 26:19) (Daniel 12:1-3) (Matthew 22:30-32) (Mark 12:25-27) (Luke 20:34-38) (John 5:25-29) (Romans 8:22-23) (I Corinthians 15:35-45) (I Corinthians 15:51-55) (I Corinthians 15:20-28) (Philippians 3:20-21) (I John 3:1-3) (Revelation 20:4-6)

Second Coming of Jesus Christ

We believe in the second coming of our Lord, Jesus Christ.

(Matthew 24:1-44) (John 14:1-3) (Acts 1:9-11) (I Corinthians 15:20-24) (I Thessalonians 4:15-17) (I Thessalonians 5:1-3) (II Thessalonians 2:1-4) (Titus 2:11-13)



CONFIDENTIAL REFERENCE FORM
Noah-Christian Academy
an extension to Noah-Christian Community
Center, Angels of Hope Outreach Ministry, Inc.

Part I. To be completed by the family after complete review of the enclosed statement of faith.

After you have filled in Part I, please give the attached letter and this form to your pastor to complete and mail directly to the school.

Names of Parents _____
Names & Grades of Children applying to NCA _____
Family Address _____ Phone _____
Name & Address of Church _____
Name of Pastor _____ Phone _____

We have read the enclosed letter and statement of faith from NCA and the family-school covenant policy. We agree to the guidelines that pertain to our family and our relationship with our local church and NCA. With full compliance we hereby request a completed reference from our Pastor.

Parent's Signature _____ Date _____

Part II. To be completed by the Pastor, after careful review of the enclosed information.

• Please identify any of the doctrinal statements listed on the Statement of Faith form that are inconsistent with the beliefs of your church.

Does this family attend your church regularly? Yes _____ No _____

Comments _____

Is this family members of your church? Yes _____ No _____

Is this family actively involved in ministering and/or serving in the church? _____

Please describe the family's "daily Christian walk" (vocational, social/entertainment, financial life, etc.) _____

Is there any additional information you would like to share while considering the admission of this family? _____

Do you recommend this family for admission to NCA? _____

I have read the enclosed letter from NCA and the statements of faith.

Pastor's Signature

Date

Please return this form within five days of application submission. God Bless!



402 Colorado Street, Salem, VA 24153
P.O. Box 6126 Roanoke, VA 24017
540.375.4520

Dear Pastors,

I send you greetings on behalf of the Noah-Christian Academy. We are a new founded Private Christian School extended from the Noah-Christian Community Center, Angels of Hope Outreach Ministry, Inc. It is our mission to collaborate with families and churches of like faith in building a strong Christian foundation in our children. We seek to enroll believers who demonstrate brotherly love, family togetherness, church loyalty and personal purity through their salvation. Your unbiased support in helping us distinguish such families is greatly appreciated. Our goal is to break generational curses through the power, anointing and word of God and we're seeking to enhance the spiritual walks of both our students and their families.

We strongly believe in providing a Christian Education for all children. As a result, we are working to partner with other local churches and organizations to support in financially assisting qualifying families. All applications submitted to NCA will be considered on an individual basis. We do however ask parents to adhere to the enclosed statement of faith.

The submission of a Pastoral Reference is a varying factor pertaining to enrollment of students to NCA. Please review and complete the enclosed Confidential Reference Form within five days of application submission. Forms may be mailed to NCA, PO Box 6126 Roanoke, VA 24017.

Thanks for your attention to this matter. We appreciate your support in educating our youth in Christ.

God Bless,

A handwritten signature in cursive script that reads 'Charnika Elliott'.

Dr. Charnika P. Elliott,

***Providing Youth A Solid Foundation
Building Hope, Building Dreams, Building Our Community!***



STUDENT RECORD RELEASE FORM

To Releasing School Counselor:	_____		Date	_____
School Name:	_____			
Address:	_____			
City	State	Zip Code	_____	

Dear Counselor:

My child(ren) has (have) been withdrawn from your school. Please release their academic and health records to the following school. Thank you.

ACCEPTING SCHOOL

Noah-Christian Academy

402 Colorado Street

Salem, VA 24153

Mailing:

P.O. Box 6126

Roanoke, VA 24017

Student's Name(s) (Last name first)	Age	Grade Level at time of withdrawal
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Requesting Parent/Guardian

Chandra Elliott

Signature of Receiving Principal



Noah-Christian Academy
Photo Release 2026-2027

During the school year, we videotape and take photos of the children in the classroom. The tapes and photos may be used for bulletin boards, classroom crafts, group pictures and special activities, parent review, research and educational purposes, press releases, and/or promotion of our program. Please check the appropriate section and sign below.

___ I give permission for my child _____ to be included in
Name of Child
videotaping and photos to be used by Noah-Christian Academy.

___ I do not give permission for my child _____ to be included
Name of Child
in videotaping and photos to be used by Noah-Christian Academy
for the following reason(s):

Parent Signature

Date

Noah-Christian Academy
Physical Education Authorization Form 2026-2027

All students are REQUIRED to participate in PE unless there is a form signed by the student's doctor stating the reason why he/she cannot participate.

Student's Name

Parent/Guardian Signature



Noah-Christian Academy
Field Trip Consent and Release Form 2026-2027

I the undersigned parent or guardian, hereby consent to my child, _____, participating in field trips sponsored by Noah-Christian Academy as long as enrolled in NCA. If my child has medical conditions, which may be relevant to a physician in the event of an emergency, I have listed them below. If I cannot be reached, I hereby authorize the school administration or school official to make emergency medical decisions for my child. If there are any activities, I do not want my child to be involved in, I have listed them below.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITY, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do hereby agree to hold Noah-Christian Academy and its agents and employees, harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property which I now have or which may arise in the future in connection with the activity or participation in any other associated activities.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Virginia and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement, which I have read and understand.

Parent or Guardian

Date

MEDICAL CONDITIONS TO BE AWARE OF:

TELEPHONE NUMBERS WHERE I MAY BE REACHED IN AN EMERGENCY:

I DO NOT WISH MY CHILD TO PARTICIPATE IN THE FOLLOWING:

