



Visit Day Information

Thank you for your interest in New Covenant Christian School. When possible we like to schedule a visit day for students in grades 1–12 looking to attend New Covenant. Your child will follow a student in his or her current grade through the academic day, eat lunch in our cafeteria (at no cost to you), and meet teachers and staff.

Please review the important information below. If you have any questions, or would like to schedule a visit, call the school office at 717-274-2423 or email James Hubbard at [jhubbard @nccspa.org](mailto:jhubbard@nccspa.org).

When to arrive and depart: 8:00 am arrival and dismissal at 2:30 pm.

Where to report: Please report to the school office. Come in the front door; go to the left and up the stairs. Turn left at the top of the stairs. The office is the first door on the left.

What to wear: Please refer to the Dress Code guidelines in the Admissions packet and/or on the school website.

What to bring: A book or other quiet activity, such as sudoku or puzzle books, is recommended in case a test is being given in a class during the visit. Cell phones or other electronic devices are not permitted.

What about lunch? Your child may choose to eat the school lunch or may bring a lunch. If they eat the school lunch, there is no cost to your family. The school lunch menu can be found on our website.

What to do in the event of inclement weather: School closings and delays are posted on local radio and television stations. In the event of a two-hour delay, report to New Covenant at 10am. If we are closed due to weather, we will call to re-schedule your visit.

Please fill out the Visit Day Permission Form and submit in the office upon arrival.

452 Ebenezer Road, Lebanon, PA 17046
717.274.2423
717.274.9830 (fax)
www.nccspa.org



Visit Day Permission Form

We highly value the safety of our students and visitors. Please complete the form below and have your child bring it with him or her on the day of the visit.

Name of Student _____ Date of Visit _____

Address _____

Name of Parent(s)/Guardian _____

Home Phone _____ Cell Phone _____

Emergency Contact _____ Phone _____

Health Insurance _____ Policy Number _____

Preferred Hospital _____

List medical conditions, including food allergies, that we must be aware of while your child(ren) is/are visiting.

List medications your child will need to take while visiting today. _____

In the event that a parent cannot be reached in an emergency, I/we give the school authorities permission to treat and/or transport my/our child to any facility necessary to provide proper care.

Parent(s) or Guardian(s) Signature _____

Date _____