

Student Application For Admission



Date of Birth _____ Age _____ Currently in grade _____ Applying for grade _____

K3 applicants 2 day 3 day K4 applicants 3 day 5 day

APPLICANT'S NAME _____
Last First Middle Preferred Name

Address _____

Gender _____ Social Security Number _____ Home phone _____ Listed Unlisted

Ethnic Background Caucasian African American Native American Hispanic Other _____

FATHER'S NAME _____
Last First Preferred Name

Address _____

Employer _____ Address _____

Business phone _____ Cell phone _____ Father's e-mail _____

Title: Mr. Dr. Rev. Marital status: Married Separated Divorced Widowed Single

MOTHER'S NAME _____
Last First Preferred Name

Address _____

Employer _____ Address _____

Business phone _____ Cell phone _____ Mother's e-mail _____

Title: Mrs. Ms. Dr. Rev. Marital status: Married Separated Divorced Widowed Single

If divorced/separated, which parent has legal custody? _____

Are there restrictions on custody, visitation, etc. of which we should be aware? If yes, specify. _____

STEP FATHER'S NAME _____
Last First Preferred Name

Address _____

Employer _____ Address _____

Business phone _____ Cell phone _____ Step Father's e-mail _____

Title: Mr. Dr. Rev. Marital status: Married Separated Divorced Widowed

STEP MOTHER'S NAME _____
Last First Preferred Name

Address _____

Employer _____ Address _____

Business phone _____ Cell phone _____ Step Mother's e-mail _____

Title: Mrs. Ms. Dr. Rev. Marital status: Married Separated Divorced Widowed

For Office Use Only:

Date Received _____ Application Fee, Check # _____

- | | | |
|---|--|---|
| <input type="checkbox"/> Medical Report | <input type="checkbox"/> Immunization Record | <input type="checkbox"/> Birth Certificate |
| <input type="checkbox"/> Parent Page | <input type="checkbox"/> Photo Consent | <input type="checkbox"/> Computer Use Contract |
| <input type="checkbox"/> Teacher Reference Letter | <input type="checkbox"/> Previous Records | <input type="checkbox"/> Discipline Record Clear |
| <input type="checkbox"/> Academic Entrance Requirements | <input type="checkbox"/> Pastor's Letter | <input type="checkbox"/> Church Entrance Requirements |

Entrance Test Date: _____ Date of Interview: _____ Accepted Denied

Registration Fee, Check # _____ One Time Family Enrollment Fee, Check # _____

STUDENT ACADEMIC HISTORY

List other schools your child has attended, beginning with the most recent:

School _____ Grade _____ Year(s) _____

Address _____

Phone _____ Fax _____ Email _____

School _____ Grade _____ Year(s) _____

Address _____

Phone _____ Fax _____ Email _____

Please list your child's extracurricular interests, abilities, and achievements: _____

Has your child ever repeated a grade(s)? _____ Which grade(s)? _____ Please state reason for repeating the grade: _____

Has your child ever been suspended or expelled from school? _____ If yes, please give the year(s) of the suspension or expulsion and the reason(s): _____

Has your child had any **psychological testing** for any type of learning disability or processing difficulty? _____

If yes, **attach a copy** of the evaluation with this application.

Has your child ever been placed in a special class, resource class, received tutoring, or been placed in speech or language therapy? If yes, please specify the date, type of help provided, and give details. _____

Does your child currently have an **IEP or have need of accommodations** in the classroom? If yes, **attach a copy** of the IEP with this application and indicate which modification(s) are currently being implemented. _____

Please check the appropriate box if any previous teacher, current teacher, or you as parents have noticed any of the following characteristics:

- anxiety distractible inattentive frequently late in turning in assignments difficulty in following oral instructions
- difficulty in following written instructions difficulty with organization

FAMILY INFORMATION

Please list other children in your family:

Name	Age	Grade	School They Currently Attend
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How did you hear about MRCA? _____

Please state briefly your reason(s) for wanting your child to receive a Christian education _____

What grade do you plan to have your child complete at MRCA? _____

Does your child want to attend MRCA? Yes No Why or why not? _____

My K3 or K4 child **will be potty trained (no pull ups)** by the start of the school year.

I understand that if my child is not potty trained he/she will be unable to attend MRCA. Yes No

