

**Application for Student Enrollment**

# Student Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Student Full Name:  |  |  | Gender:  | D.O.B.:  | Grade applying for:  |
| Street Address:  |  |  |  |  |
| City:  | State:  | Zip Code:  | **Student** primary phone number:  | * Cell  Landline
* Texting OK
 |
| **Student** alternate number:  |  | * Cell  Landline
* Texting OK
 | **Student** Email Address:  |   |

# Parent Information

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |
| --- |
| Parent/Guardian #1:  |
| Street Address (if different from child):  |
| City:  | State:  | Zip Code:  |
| Employer:  | Occupation:  |
| **Parent** primary phone number:  | * Cell  Landline
* Texting OK
 |
| **Parent** alternate number:  | * Cell  Landline
* Texting OK
 |
| Email Address:  |

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|  |
| --- |
| Parent/Guardian #2:  |
| Street Address (if different from child):  |
| City:  | State:  | Zip Code:  |
| Employer:  | Occupation:  |
| **Parent** primary phone number:  | * Cell  Landline
* Texting OK
 |
| **Parent** alternate number:  | * Cell  Landline
* Texting OK
 |
| Email Address:  |

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*MVCA admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students of the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs. Policy 1.013*

*A non-refundable $200 enrollment fee must accompany this application form.*

OFFICE USE: Date received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enrollment Fee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Method: \_\_\_\_\_\_\_\_\_\_\_\_\_

# Student Confidential Information

|  |  |
| --- | --- |
| Student’s Name:  |  |
| 1. Has your child ever been tested for a learning disability?  |  Yes  |  No  |
| If YES, in what year was he/she tested?  |  |
| If YES, what was the diagnosis?  |  |
| 2. Has your child been diagnosed with ADD or ADHD?  |  Yes  |  No  |
| If YES, what medications, if any, are currently being prescribed?  |  |
| 3. Has your child been diagnosed with depression?  |  Yes  |  No  |
| If YES, what medications, if any, are currently being prescribed?  |  |

Please submit medical documentation for any diagnoses from above.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent/Guardian signature

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date

# Church Affiliation

|  |  |
| --- | --- |
| Church currently attending:  | Active member:  Yes  No  |

# School Record

|  |  |
| --- | --- |
| Last school attended:  | Dates of enrollment:  |
| Public school your child would attend:  |  |
| Reason for desired enrollment at MVCA:  |  |
| How did you hear about MVCA:  |  |
| If referred by someone, whom may we thank for referring you?  |  |

# Additional Contact Information (optional)

|  |  |  |
| --- | --- | --- |
| Paternal Grandparents:  |       | Maternal Grandparents:  |
| Street Address:  | Street Address:  |
| City:  | State:  | Zip Code:  | City:  | State:  | Zip Code:  |
| Phone:  | Phone:  |
| Email Address:  | Email Address:  |

|  |  |  |
| --- | --- | --- |
| **Emergency Contacts** (other than parent/guardian)  |         | **Authorized to Transport Student** (other than parent/guardian)  |
| **Person #1:**  | **Person #1:**  |
| Phone:  | Phone:  |
| Relationship to student:  | Relationship to student:  |
| **Person #2:**  | **Person #2:**  |
| Phone:  | Phone:  |
| Relationship to student:  | Relationship to student:  |

 **Demographic Survey** Current year \_\_\_\_\_\_\_\_\_\_\_

 Please take a moment to complete this survey. Answers are used for statistical purposes and to give direction to marketing decisions. Please check an answer for each guardian when 2 blanks. Thank you.

 **How did you hear about Mountain View?**

\_\_\_ Current family or staff member

\_\_\_ Former family or staff member

\_\_\_ Church of Christ at Mountain View

\_\_\_ Other church

\_\_\_ Community advertisement

\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**When investigating Christian schooling for your child, did you look into other schools?**

\_\_\_ Yes

\_\_\_ No

**Please *number* your primary and secondary reasons for desiring Christian education:** \_\_\_ Commitment to Christian Philosophy of Ed.

\_\_\_ Strong Academics

\_\_\_ Safety

\_\_\_ Alternative to Public Education

**Please *number* your least important reasons:**

\_\_\_ Commitment to Christian Philosophy of Ed.

\_\_\_ Strong Academics

\_\_\_ Safety

\_\_\_ Alternative to Public Education

**Ethnic Background:**

\_\_\_ \_\_\_ African-American

\_\_\_ \_\_\_ Caucasian

\_\_\_ \_\_\_ Hispanic

\_\_\_ \_\_\_ Asian

\_\_\_ \_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ \_\_\_ Other unnamed

**Highest level of education you have completed:**

\_\_\_ \_\_\_ Bachelor’s Degree

\_\_\_ \_\_\_ Elementary School

\_\_\_ \_\_\_ GED

\_\_\_ \_\_\_ High School

\_\_\_ \_\_\_ some college

\_\_\_ \_\_\_ some post-graduate work

\_\_\_ \_\_\_ Master’s Degree

\_\_\_ \_\_\_ Ph.D

**Distance driven to school:**

\_\_\_less than 5 miles

\_\_\_5-10 miles

\_\_\_10-15 miles

\_\_\_15-30 miles

\_\_\_over 30 miles

**Please indicate your area of occupation:**

\_\_\_ \_\_\_ Homemaker

\_\_\_ \_\_\_ Christian Service

\_\_\_ \_\_\_ Professional

\_\_\_ \_\_\_ Medical

\_\_\_ \_\_\_ Education

\_\_\_ \_\_\_ Managerial, Executive

\_\_\_ \_\_\_ Administrative, Clerical

\_\_\_ \_\_\_ Engineering, Technical

\_\_\_ \_\_\_ Marketing, Sales

\_\_\_ \_\_\_ Skilled Craft or Trade

\_\_\_ \_\_\_ Military

\_\_\_ \_\_\_ Retired

\_\_\_ \_\_\_ Student

\_\_\_ \_\_\_ Unemployed

\_\_\_\_\_\_\_\_Other

**Salary Range of Family Income:**

\_\_\_ less than $10,000

\_\_\_$10,000-$30,000

\_\_\_$30,000-$50,000

\_\_\_$50,000-$70,000

\_\_\_$70,000-$90,000

\_\_\_over $90,000

**Church Affiliation:**

\_\_\_ Church of Christ

\_\_\_ Fellowship Bible

\_\_\_ Methodist

\_\_\_ Baptist

\_\_\_ Catholic

\_\_\_ Episcopalian

\_\_\_ Lutheran

\_\_\_ Assembly of God

\_\_\_ None

\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Level of Church Attendance:**

\_\_\_ Never attend

\_\_\_ Once or twice a year

\_\_\_ Several times a year

\_\_\_ Monthly

\_\_\_ Weekly

\_\_\_ Several times a week

** Photo/Video Release Form**

 **Mountain View Christian Academy**

I hereby consent and authorize MOUNTAIN VIEW CHRISTIAN ACADEMY or its assigns to use:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Childs Name)

name and/or the names of my family members who are minors, as listed below, as well as his/her likeness, photos, videos, and other information (or that of family members who are minors) for the purpose of school news releases, publicity, advertising, publication, or distribution as MOUNTAIN VIEW CHRISTIAN ACADEMY believes appropriate. I further consent to such use in their present form and to any changes, alterations, or additions thereto. I hereby release MOUNTAIN VIEW CHRISTIAN ACADEMY from all liability in connection with all such uses. Additional comments (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated this \_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Parent or Guardian)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Printed Name of Parent or Guardian)

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Minor Family Members to Whom the Release applies who are not current students of

MOUNTAIN VIEW CHRISTIAN ACADEMY as well as Adult Family Members:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_