

APPLICATION FOR ADMISSION



STUDENT'S NAME _____

Grade Entering: _____ **Birthdate:** _____ **Application Date:** _____

Year Entering: _____

Please complete and return this application. If a question requires more space than has been provided, please use a separate sheet of paper. Please refer to the Admission Procedures for a list of documents that must accompany this application. Applications cannot be processed without all required materials.

Maryville Christian School admits students of any race, color, national or ethnic origin to all the rights, privileges, programs, and activities accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admission policies, tuition-aid programs, athletic, and other school-administered programs.

FOR OFFICE USE ONLY

Date received: _____

Interview: _____
(Date/School Representative)

- _____ Application Fee
- _____ Statement of Faith
- _____ Commitment to Cooperative Effort
- _____ Student Support of Discipline
- _____ Enrollment/Tuition Contract
- _____ Pastoral Reference

- _____ Birth Certificate
- _____ Social Security Card
- _____ School Records
- _____ Information Release Form
- _____ Request for Records Form
- _____ Recommendation Forms
- _____ Current Parenting Plan

- _____ Testing
- _____ Student Questionnaire
- _____ Student Interview

- Committee Recommendation:
- _____ Accept
 - _____ Deny

PARENT OR GUARDIAN INFORMATION

Father's Name: _____
(First) (Middle) (Last)

Marital Status: Married Divorced Remarried Separated Widowed

Father's Complete Address: _____

(City/State/Zip) Father's Home Phone: _____

Email Address: _____ Cell Phone: _____

Father's Occupation: _____ Business Phone: _____

Place of Business or Employment: _____

Mother's Name: _____
(First) (Middle) (Last)

Marital Status: Married Divorced Remarried Separated Widowed

Mother's Complete Address: _____

(City/State/Zip) Mother's Home Phone: _____

Email Address: _____ Cell Phone: _____

Mother's Occupation: _____ Business Phone: _____

Place of Business or Employment: _____

List names and ages of other children in family, including those attending this school:

Name and Address of Grandparents:

(Name) (Address) (City) (State) (Zip)

(Name) (Address) (City) (State) (Zip)

STUDENT INFORMATION

Child's Legal Name: _____
(First) (Middle) (Last)

Name child will go by: _____

Resides with: Father/Mother Mother only Father only
 Mother/Step-Father Father/Step-Mother Guardian

Child's Birthdate: _____

Please list all schools in the last four years:

<u>School</u>	<u>Address</u>	<u>City/ST/Zip</u>	<u>Dates</u>	<u>Grades</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SPIRITUAL BACKGROUND

Maryville Christian School believes that Christian education is most effective when the home, the school, and the church are linked together in a comprehensive effort of belief and practice.

Please complete the following section so that MCS can better understand your family and your involvement in the linking of your beliefs with practices.

Current church membership: _____

Pastor: _____

YES NO

_____ _____ Is Father a member?

_____ _____ Is Mother a member?

_____ _____ Do children attend religious instruction provided by the church?

_____ _____ Do children attend social activities provided by the church?

_____ _____ Does family attend church together? Once Weekly Twice Weekly Monthly

Other _____

_____ _____ We are not currently members of a local church. Explain: _____

Please write a statement that indicates if you are a Christian and how you became one. *(At least one parent must fill out this portion. MCS policy requires at least one parent in the household to be a Christian.) Attach additional pages if necessary.*

Please state some of the ways that Christian teachings and your beliefs are linked with the practices in your home with your children. Please be specific. Attach additional pages if necessary.

PARENTAL QUESTIONNAIRE

How did you hear about Maryville Christian School?

Please explain why you want your child to attend Maryville Christian School.

Has your child ever: *(Check if appropriate and give full details below and/or on a separate sheet of paper, including the principal's name and phone number where necessary.)*

- | | |
|--|---|
| <input type="checkbox"/> Repeated a grade/course | <input type="checkbox"/> Been diagnosed with learning disabilities |
| <input type="checkbox"/> Had disciplinary difficulty | <input type="checkbox"/> Had emotional, mental, or physical health issues |
| <input type="checkbox"/> Been suspended | <input type="checkbox"/> Received counseling |
| <input type="checkbox"/> Been expelled | <input type="checkbox"/> Had legal problems |
| <input type="checkbox"/> Had extended absences from school | <input type="checkbox"/> Used tobacco, illegal drugs, or alcohol |

(A student who is not eligible to return to their former school because of academic or behavioral reasons will not be admitted to MCS.)

Comments: _____

PARENT AFFIRMATION

I have read the Statement of Faith and educational philosophy of Maryville Christian School and understand that it is the foundation for instruction upon which the curriculum is based. Therefore, I will support these Biblical standards as implemented in classroom instruction.

I have read the Financial Policy Sheet and accept its terms as conditions for enrollment of the student named on this application.

I hereby affirm that all of the information contained in this application is true and accurate to the best of my knowledge. I understand that providing false information would be sufficient reason for the rejection of this application. I also acknowledge that I have read the Admissions Policies and understand that these policies will be the basis for admission to MCS.

Father's or Guardian's Signature

Date

Mother's or Guardian's Signature

Date