



## APPLICATION FOR ADMISSION

Student Name \_\_\_\_\_  
*Last First Middle*

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ Grade this Fall \_\_\_\_\_

Student Social Security Number \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

School last Attended \_\_\_\_\_

Does your child have any special academic needs?  Yes  No If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

Has this child repeated a grade?  Yes  No If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

Has this child ever been suspended/expelled from another school?  Yes  No  
If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

Does your child have any special health needs?  Yes  No If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

Is this child under the supervision of the courts or Dept. of Children & Family Services?  Yes  No If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

Do you plan to use extended care?  Yes  No If yes, please indicate times.

Before School Care (6:30-8:30 a.m.) \_\_\_\_\_ - 8:30 a.m.  
After School Care (3:00-6:00 p.m.) 3:00 - \_\_\_\_\_ p.m.

How do you plan to pay the tuition?  By year  By Month



## Family Information (Confidential)

Father's Name \_\_\_\_\_  
*Legal Guardian*                      *First*                      *Middle*                      *Last*

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Beeper/Pager # \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Mother's Name \_\_\_\_\_  
*Legal Guardian*                      *First*                      *Middle*                      *Last*

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Beeper/Pager # \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Marital Status of Parents  Married  Separated  Divorced  Other \_\_\_\_\_

Church Family Attends  MPBC  Other \_\_\_\_\_

Your Pastor's Name \_\_\_\_\_

Number of Older Children in your Home \_\_\_\_ Number of younger children \_\_\_\_



**Emergency Contacts:** Please list 3 contacts. When parents cannot be reached, it is very important that the school has reliable and accurate emergency contact information. Please keep this information current.

1. \_\_\_\_\_  
*Name Relationship Phone*
2. \_\_\_\_\_  
*Name Relationship Phone*
3. \_\_\_\_\_  
*Name Relationship Phone*

In case of an emergency requiring immediate medical attention, your child will be taken to the nearest hospital emergency room. Your signature authorizes MPBCCA to obtain medical care deemed necessary for your child in the event that you cannot be located immediately.

Insurance Name \_\_\_\_\_ Insurance ID# \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

In signing the application form, parents enroll their children with the understanding that the administration may request the withdrawal of any student at any time, if in its opinion the student, and/or parents, do not uphold a spirit of willing compliance with the overall MPBCCA philosophy.

“I have read and agree to cooperate with the standards and policies of Mount Pleasant Baptist Church Christian Academy.”

Signed \_\_\_\_\_ Date \_\_\_\_\_