

Application for Enrollment

School Information

Grade Entering (Circle One): PS PKa.m. PKp.m. K-1/2 K-full 1 2 3 4 5 6 7 8

School transferring from: _____ Last grade attended: _____

Address of school: _____

Student/Family Information

Student's Name: _____ Date of Birth: _____ Age: _____

Address: _____ City: _____ ZIP: _____

Home Phone: _____ Sex (Circle One): M F Race: _____

Father's Name (or Guardian): _____ Work Phone: _____

Place of Employment: _____ Cell Phone: _____

Mother's Name (or Guardian): _____ Work Phone: _____

Place of Employment: _____ Cell Phone: _____

Family E-Mail Address (best one to use for communication): _____

Marital Status (Circle One) Married Single Separated Divorced Widowed

If parents are separated or divorced, with whom does the child live? _____

Emergency/Medical Information

Responsible adult to contact if parents cannot be reached:

Name: (Mr./Mrs./Ms) _____ Phone: (work) _____

Relation to Student: _____ (home) _____

(cell) _____

Child's Physician: _____ Phone: _____

Does your child have any allergies? (Circle One) Y N If yes, please explain. _____

Explain any disabilities of the student (visual, hearing, learning, speech, emotional, etc.) _____

Medic Alert (asthma, diabetes, epilepsy, allergies to medications, etc.) _____

Office Use Only

Interview

Physical

School Minder

Registration Fee

Dental

Parent Directory

Mandatory Conciliation

Eye Exam

Excel File

Birth Certificate

File Folder

Transfer Request

Calling Post

Office Use Only: Date: _____ Check #: _____ Check Amt: _____

Church Information

Church your family attends: _____ Do you attend regularly? _____

Address of church: _____ Do you attend Sunday School? _____

Is the father a born-again Christian? _____

Is the mother a born-again Christian? _____

Has the student ever made a profession of faith in Christ? _____

If not a church member, please indicate your denominational preference: _____

Scholastic Information

Has the student ever been expelled, dismissed, suspended, or refused admission to another school? _____

If yes, please explain: _____

Has the student ever had any disciplinary difficulties? _____

If yes, please explain: _____

Has the student ever been in trouble with the law, arrested, etc.? _____

If yes, please explain: _____

Has the student ever used tobacco or drugs of any kind? _____

Please indicate the academic level of student's work (Circle One): Excellent Good Average Poor

How did you hear about Medinah Christian School? _____

Were you referred by anyone? If so, who: _____

Yes, I would like to donate \$25 to the MCS Scholarship Fund (*please include the \$25 amount in your enrollment check*).

Admissions Policy

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

Agreement and Requirements for Admission

Children entering kindergarten must have reached the age of five on or before September 1st of the school year in which he/she will be enrolled. Exceptions to this policy must be approved by the Administrator.

We are non-discriminatory with regard to race, sex, or national origin.

As parent or guardian, I agree to place all discipline under the jurisdiction of the school's administration and cooperate with the school's policies as outlined in the Parent Handbook. (*The Parent Handbook is available at www.medinahchristian.org*).

Final approval of student enrollment is based on an interview with the Administrator.

The registration fee is nonrefundable.

Date _____ Signature _____

(Parent or Guardian)