MOUNTAIN CHRISTIAN ACADEMY

_____
Date received by MCA

_____
Fees received by MCA

Admissions Application

Please email completed form along with a copy of the prospective student's *birth certificate* to mca@mountainchristianacademy.org or mail to

Mountain Christian Academy
P.O. Box 784
Signal Mountain, TN 37377

Non-Refundable Application Fee of $50.00 must accompany this application.
Please note the student's name in the memo line on your check.

Application for school year _____ for grade ___ 6th ___ 7th ___ 8th

STUDENT INFORMATION

Name

_____
LAST FIRST MIDDLE PREFERRED NAME

_____
STREET APARTMENT

_____
CITY STATE ZIP PHONE

Sex: ( ) Male ( ) Female Age:_____ Date of Birth: _____ Place of Birth: _____

Email Address to be used in School Correspondence: _____

Student lives with _____

Relationship _____ Phone (___) _____

FAMILY INFORMATION

Father's Name _____

Home Address _____

Home Phone (___) _____ Cell Phone (___) _____ Work Phone (___) _____

Marital Status _____

Place of Employment _____

Position _____ Email_____

Mother's Name_____

Home Address _____

Home Phone (___) _____ Cell Phone (___) _____ Work Phone (___) _____

Marital Status _____

Place of Employment _____

Position _____ Email_____

Other children in the family:

NAME	DATE OF BIRTH	GRADE	SCHOOL
NAME	DATE OF BIRTH	GRADE	SCHOOL
NAME	DATE OF BIRTH	GRADE	SCHOOL

CHURCH INFORMATION

Church attending: _____ Minister's name: _____

Member: ___ Yes ___ No

Please indicate your church involvement:

___ Active ___ Attend regularly ___ Attend occasionally ___ Attend rarely

Does the student attend Sunday School? _____ Regularly _____ Occasionally _____ Never

EDUCATION INFORMATIONEDUCATION INFORMATION

Current or last school attended: _____

Address: _____

Phone: _____ Teacher(s): _____

Grades Attended: _____

Learning Attributes:

Tell us about the student's temperament and interests.

_____

_____

_____

_____

What ***strengths*** do you see in the student's approach to learning?

_____

_____

_____

_____

What ***weaknesses*** do you see in the student's approach to learning?

_____

_____

_____

_____

Has the student ever had any illness or health concerns which might impair his/her learning or academic ability?

_____ Yes _____ No

If yes, please explain:

_____

_____

Has the student ever had any previous physiological or academic diagnostic testing or any previous IEP requiring academic accommodation?

_____Yes _____No

If so, please explain so that we can better understand the student's needs.

_____

_____

_____

_____

If yes, MCA <u>must</u> have a copy of the testing. Will you provide the material? _____ Yes _____ No

Has the student ever had discipline problems at school? _____ Yes _____ No

If yes, please explain: _____

_____

_____

GENERAL INFORMATION

How did you hear about MCA?

_____

_____

What is it about MCA that appeals to you?

_____

_____

_____

Why do you think MCA will make a good choice for the student?

_____

_____

_____

REFERENCES

Please list two Christian adults that know you and the student well.

Name _____

Address _____

Relationship _____ Phone: _____

Name _____

Address _____

Relationship _____ Phone: _____

TESTIMONY OF PARENTS / LEGAL GUARDIANS (*when you came to Christ and your faith walk*)

Father/Legal Guardian: _____

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Mother/Legal Guardian: _____

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_____

Father's Signature _____ Date _____

Mother's Signature _____ Date _____

Guardian's Signature _____ Date _____

NOTICE OF NONDISCRIMINATORY POLICY AS TO STUDENTS

The Signal Mountain Christian Co-op 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 at 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.