



APPLICATION FORM

Student' Full Name _____
Last First Middle Nickname

Age _____ Date of Birth _____ ()Boy ()Girl Applying for grade _____

Has the applicant ever repeated a grade? _____ Which grade? _____

Present Address _____
Street City State Zip Code County

Address for school information to be sent: _____

Home Phone _____ Best Contact Phone _____

Primary E-mail Address _____

Last School Attended _____
Name Address

City State

Father's Name _____ Cell Phone _____

Place of Employment _____ Business Phone _____

Mother's Name _____ Cell Phone _____

Place of Employment _____ Business Phone _____

Marital Status: Married () Divorced () Single Parent () Other ()

With which parent/guardian does the child reside? _____

How did you find out about Mount Carmel Christian School? _____

Ethnicity: African American () Asian () Caucasian () Hispanic () Other ()
(For federal reporting purposes only)

Does the applicant have any mental, emotional, or physical handicaps which may affect his or her activities or progress? (Reply will be held confidential)

State briefly why you want your child or children to attend Mount Carmel Christian School.

Applicants for admission are considered without regard to race, religion, or national origin.

**An Application/Testing Fee must accompany this form.
Please fill out both sides.**

Parent Commitment:

I agree that Mount Carmel Christian School should maintain its objective of quality education in a Christian environment and should evidence such in its policies for academic work, student behavior and relationships with students, employees, school families, church and community. I understand that the school reserves the right to discipline, suspend or expel any student who fails to meet academic or behavioral standards. I understand that the school does not provide transportation and cannot be responsible for a student left on campus after dismissal who is not involved in extracurricular activities. I understand that if my child is not picked up at dismissal, he/she will be in the day care program for which I will be financially responsible.

I shall support Mount Carmel Christian School in its efforts to educate my child by the following: cooperation with the teaching staff, faithful and prompt payment of financial obligations and requiring my child to abide by school policies.

Signed: _____ **Date** _____