



MILLERSVILLE CHRISTIAN ACADEMY

2018-2019 Student Application

MILLERSVILLE CHRISTIAN ACADEMY DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, GENDER, NATIONAL OR ETHNIC ORIGIN.

130 Millersville Church Rd.
Taylorsville, NC 28681
Office: 828-352-9600
FAX: 828-352-9783
Website: www.millersvillechristianacademy.org

OFFICE USE ONLY	
Date Rec'd _____	App Check # _____
References: T _____	C _____ G _____
Grades Rec'd _____	Test Scores _____
Interview _____	
Entered SD _____	Student ID _____

STUDENT PERSONAL INFORMATION:

Please give **LEGAL** name of student:

Last Name: _____ First: _____ Middle: _____

Birth date: ____ / ____ / ____ Age: _____ Sex (M/F): _____ Race: _____

Birthplace: City _____ County _____ State _____

Child is # _____ of _____ Grade for which application is being made: _____

FAMILY INFORMATION:

#1 Parent or Guardian's Name _____ Relationship _____

Address _____

Home phone # _____ Cellular phone # _____ Work phone # _____

Place of Employment _____ Email _____

Church presently attending _____

Lives with Student (Y/N) _____ Mailings: Receives Mail (Y/N): _____ Responsible for Bill (Y/N) _____

Marital Status: Single _____ Married _____ Widow (er) _____ Separated _____ Divorced _____ Remarried _____

#2 Parent or Guardian's Name _____ Relationship _____

Address _____

Home phone # _____ Cellular phone # _____ Work phone # _____

Place of Employment _____ Email _____

Church presently attending _____

Lives with Student (Y/N): _____ Mailings: Receives Mail (Y/N): _____ Responsible for Bill (Y/N): _____

Marital Status: Single _____ Married _____ Widow (er) _____ Separated _____ Divorced _____ Remarried _____

Party Responsible for Non-Tuition Charges – Please check box if the person is the same as listed:

If a different person will be responsible, please provide the requested information.

Name _____ Relationship _____

Address _____

Home phone # _____ Cellular phone # _____ Work phone # _____

Place of Employment _____ E-mail _____

NOTE: If one of the individuals who is listed as parent or guardian should not be contacted for some reason, please make note of that here by giving the name and a brief explanation: _____

OTHER CONTACTS:

NOTE: In case of an emergency, parents or guardians will be contacted first unless above stipulations have been made. Please list alternates below in case a parent cannot be reached.

Name: _____ Relationship _____ Phone # _____ Work # _____ Cell # _____

Name: _____ Relationship _____ Phone # _____ Work # _____ Cell # _____

GRANDPARENTS INFORMATION:

Mr / Mrs / Ms _____ Mailing Addr: _____

Mr / Mrs / Ms _____ Mailing Addr: _____

Mr / Mrs / Ms _____ Mailing Addr: _____

Mr / Mrs / Ms _____ Mailing Addr: _____

MEDICAL INFORMATION: Insurance Co _____ Policy # _____

Family Doctor: _____ Phone # _____

Allergies: _____

Medical History: _____

Medications _____

Permission to administer: **Tylenol** (please circle) Yes No **Advil** (please circle) Yes No

Permission to seek emergency medical assistance: (please circle) Yes No

**K3 students must have a physical examination and immunization record on file in the office before beginning classes.
1st – 3rd grade students must have an immunization record on file within 30 days after the first day of classes.**

GENERAL INFORMATION

Is the FATHER a Christian? _____ How frequently does he attend church? _____

Name of Church: _____ Pastor: _____

Does father use alcohol, or drugs? _____ If yes, please explain _____

Is the MOTHER a Christian? _____ How frequently does she attend church? _____

Name of Church: _____ Pastor: _____

Does mother use alcohol, or drugs? _____ If yes, please explain _____

Has the applicant accepted Jesus Christ as his or her Savior? _____ If yes, student should write a short testimony giving details of when, where, and how this event took place (if necessary continue on a separate sheet of paper).

Do both parents or guardians support the decision to send this student to MCA? _____

If not, explain why _____

Give names and ages of brothers and sisters living at home: _____

List the names of any brothers or sisters already enrolled in MCA: _____

Are you applying for admission to MCA for all your other school age children? _____ If not, why? _____

In what grade is the student presently enrolled? _____ Is student currently holding a reservation for the fall at another school? _____ If so, where _____

How often has applicant changed schools? _____ At what grade levels _____

Give reason(s) _____

List previous school(s) attended:

Name of school	Complete address	Grade	Teacher's name
_____	_____	_____	_____

Has the applicant ever repeated a grade or course? _____ If so, which grade(s)/courses? _____

Give reason(s) for repeating _____

Has the applicant ever been expelled, suspended, or been involved in frequent disciplinary action? _____

Note which of the preceding actions and explain _____

Has the student been tested for a learning disability or other learning problem? _____

If so, where and when? _____

What were the results of the testing? _____

Is the student presently receiving special services in school? If so, of what type? _____

List any unusual factors in the applicant's life, such as, absence of parent(s), relatives in home, traumas/accidents, etc. _____

What spiritual training is provided in the home? _____

What are the family's goals for your child? _____

Why have you chosen to enroll your child in a private **Christian** school rather than a public or secular private school? _____

Please share any other information that you feel would be pertinent to the consideration of this application. _____

All elementary students remaining on school grounds after **3:15** pm must be under supervision at all times . Any remaining student not involved in a MCA supervised activity will be sent to the office or if applicable, to after school care at parents expense. Chronic tardiness to pick your child up on time is not an option and will be addressed by the principal.

Attendance at Millersville Christian Academy is a privilege and not a right. *If a student or parent does not agree with the handbook or cooperate with the purpose and program of MCA, the student will not be admitted or allowed to remain in the school. The administration reserves the right to refuse to define the criteria or reasons when applications are not accepted.*

(Father or Guardian-PRINT FULL NAME) (Date) (SIGNATURE of Father or Guardian) (Date)

(Mother or Guardian-PRINT FULL NAME) (Date) SIGNATURE OF Mother or Guardian) (Date)

SIGNATURES OF BOTH PARENTS PREFERRED; ONE WILL BE ACCEPTED.

Questions about admissions should be directed to pealj@millersvillechristianacademy.com (828) 352-9600

PLEASE MAIL OR DROP OFF A COMPLETED APPLICATION, A NON-REFUNDABLE \$250.00 APPLICATION FEE, AND ANY ACCOMPANYING DOCUMENTATION TO:

Millersville Christian Academy
130 Millersville Church Road
Taylorsville, NC 28681

Millersville Christian Academy

STATEMENT OF COOPERATION

IN MAKING THIS APPLICATION, I UNDERSTAND THAT:

1. It is my responsibility to offer faithful prayer and practical assistance and to honor my financial obligations.
2. It is my responsibility to support Millersville Christian Academy's standards of conduct. If questions or disagreements arise, I will take them directly to the teacher or administrative personnel involved. The school reserves the right to dismiss any student who does not respect its spiritual standards or cooperate in the educational progress.
3. All students' academic and behavioral records are reviewed annually for continued enrollment.
4. No refunds can be made on registration or monthly tuition once my child has been accepted. Millersville Christian Academy has the right to withhold report cards, diplomas, records, or transcripts of credits until all bills are paid in full.

CONFESSION OF FAITH

Millersville Christian Academy unqualifiedly affirms and teaches the following as expressed in the doctrinal statement of the Baptist Faith and Message as adopted by the Southern Baptist Convention 2000:

1. The Bible, both the Old and New Testaments, is the only authoritative, inspired, infallible Word of God and is the final authority in faith and practice. (*II Timothy 3:16-17*)
2. There is one God, eternally existent in the persons of the Father, Son, and Holy Spirit. (*Matthew 28:19*)
3. The creation of the universe, world, and man in six literal days was a direct act of God. (*Exodus 20:11, Gen. 1*)
4. The deity of the Lord Jesus Christ, His virgin birth, His sinless life, His miracles, His vicarious and atoning death through His shed blood on the cross, His bodily resurrection, His ascension to the right hand of the Father, His personal return for the rapture of the Church, and the power and great glory at His revelation are essential doctrines to an understanding of the person and work of Jesus Christ. (*I Corinthians 15:3-4*)
5. For the salvation of lost and sinful men, regeneration by the Holy Spirit is absolutely essential. (*Titus 3:5-7*)
6. Personal salvation is by faith in the blood of Jesus Christ which He shed on the cross of Calvary for the remission of sins for all who believe. Salvation is the gift of eternal life by the grace of God apart from works. (*Titus 3:5-7; Ephesians 2:8-9*)
7. The believer is eternally secure in his salvation through Jesus Christ. (*John 10:28-29*)
8. There will be a resurrection of both the saved and the lost: they that are saved unto the resurrection of life; they that are lost unto the resurrection of damnation. (*I Thessalonians 4:16; Revelation 20:12*)
9. Believers in our Lord Jesus Christ are joined in a spiritual unity. (*Philippians 2:2*)
10. The Holy Spirit is a Person, and He is God, possessing all the divine attributes. He indwells, baptizes, and seals all believers at the moment of their salvation and fills them in response to their confession of sin and yieldedness. (*John 14:17; John 16:7-8*)
11. God has commanded that no intimate sexual activity be engaged in outside of a marriage between a man and a woman. Any form of homosexuality, lesbianism, bisexuality, bestiality, incest, fornication, adultery, and pornography are sinful perversions of God's gift of sex. God disapproves of and forbids any attempt to alter one's gender by surgery or appearance. (*Genesis 2:24; 19:5, 13; 26:8-9; Leviticus 18:1-30; Romans 1: 26-29; I Corinthians 5:1; 6:9; 1 Thessalonians 4:1-8; Hebrews 13:4*)
12. The family is the basic unit of society established by God, Who intends for it to consist of a man and a woman legally married to each other in a permanent relationship, which may or may not produce children. If the man and woman have children, they are responsible to train and teach those children in biblical principles. (*Genesis 2:24; Deuteronomy 6:6-7; Romans 7:2; 1 Corinthians 7:10; Ephesians 5:22-23*)

I understand these doctrines, and I will be supportive of the teaching of them.

Parent Signature _____ **Date** _____

TEACHER'S REFERENCE

Kindergarten Applicants

TO THE PARENT: Please complete the top section of this form; then give it to the person who has taught your child in preschool (Sunday School if did not attend a preschool). I give my permission for the following information to be released to Millersville Christian Academy. I understand that it will be treated confidentially and will not be released to me or anyone else other than the administration of MCA.

Student's name: _____ Parent's signature: _____

Address: _____

Phone Number: _____ Email: _____

TO BE COMPLETED BY THE PERSON MAKING THE RECOMMENDATION.

Please rate as follows: Yes (Y), No (N), Sometimes (S), or Almost always (A)

Academic Development

- _____ Follows Directions
- _____ Listens attentively
- _____ Works well independently
- _____ Stays on task
- _____ Puts effort and neatness into work
- _____ Recognizes colors, letters and numbers
- _____ Articulates sounds correctly
- _____ Communicates with peers
- _____ Communicates with teachers

Social and Emotional Development

- _____ Interacts well with peers
- _____ Cooperates as a group member
- _____ Participates willingly
- _____ Uses self-discipline
- _____ Responds positively to correction
- _____ Respects adult authority
- _____ Accepts changes and disappointments
- _____ Is quiet at the proper times
- _____ Refrains from hitting, biting, kicking, etc.

General Behavior

- _____ Has a positive self-image
- _____ Appears mature for age
- _____ Exhibits overall average or better ability
- _____ Can make smooth transition between activities
- _____ Exhibits overly active/restless behavior
- _____ Has inconsistent learning pattern
- _____ Is lethargic or withdrawn
- _____ Is forgetful
- _____ Expresses anger in outbursts or tantrums

Physical Development

- _____ Demonstrates age appropriate gross motor skills
- _____ Demonstrates age appropriate small motor skills
- _____ Has handicap or problems that may require special services

Miscellaneous

- _____ Attendance is consistent
- _____ Family is supportive
- _____ Is on prescribed medication (explain)

Please add any comments or clarifications on the back.

_____ Teacher's Name (Print) **PLEASE FAX OR MAIL WITHIN 3 DAYS**

_____ Teacher's Signature

_____ Name of School

_____ Phone

_____ Date

Millersville Christian Academy
ATTENTION: Jeff Peal
130 Millersville Church Rd.
Taylorsville, NC 28681
FAX: 828-352-9783
PHONE: 828-352-9600

If you have any questions, please call 828-352-9600. Thank you for your help with this student's application process.
In view of the Family Education Rights and Privacy Act of 1974, it is the policy of Millersville Christian Academy to destroy all reference forms as soon as final admissions decision is made and no later than the day before the new student registers.

TEACHER'S REFERENCE

Grades 1 - 3

TO THE PARENT: Please complete the top section of this form; then give it to a person who has taught your child in school (not Sunday School) within the past year.

TO BE COMPLETED BY THE PARENT:

I give my permission for the following information to be released to Millersville Christian Academy. I understand that it will be treated confidentially and will not be released to me or anyone else other than the administration of MCA.

Name of Student: _____ Grade Applying For: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone number: _____ Email: _____

Signature of Parent: _____ Date: _____

TO BE COMPLETED BY THE PERSON MAKING THE RECOMMENDATION:

1. How long have you known this child? _____ How well? _____

2. In what subject(s)/grades(s) did you teach him/her? _____

3. As a student is he/she above average, average, or below average in performance? _____

In motivation? _____ In behavior? _____

In self-esteem? _____ In work habits? _____

4. Is the family supportive of the school and the teacher? _____

5. What are this child's greatest strengths? _____

6. Does he/she have special academic needs? _____

7. Does he/she have an IEP or 504 plan? _____

Additional Comments: _____

I recommend this student: Yes _____ No _____ With this reservation _____

Name: (print) _____ Name of school: _____

Address: _____

Signature: _____ City _____ State _____ Zip _____
Phone #: (_____) _____ Date: _____

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CHURCH REFERENCE

TO THE STUDENT: Please complete the top section of this form; then give it to your pastor, youth pastor, or Sunday School teacher.

TO BE COMPLETED BY THE STUDENT AND PARENT:

I give my permission for the following information to be released to Millersville Christian Academy. I understand that it will be treated confidentially and will not be released to me or anyone else other than the administration of MCA.

Name of Student: _____ Grade For Which Applying: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone number: _____ Email: _____

Signature of Parent: _____ Date: _____

Signature of Student: _____ Date: _____

TO BE COMPLETED BY THE PERSON MAKING THE RECOMMENDATION:

1. How long have you known this person? _____ As Pastor Youth Pastor S S Teacher (Circle one.)
2. To the best of your knowledge, is this student saved? _____
3. Is he/she a member of your church? _____ An active member? _____
4. Are the parents active and supportive church members? _____
5. Does the family appear to be supportive of Christian education? _____
6. What are this person's greatest strengths? _____
7. What are his/her weaknesses? _____

Additional Comments: _____

I recommend this student: Yes _____ No _____ With this reservation: _____

Signature of person filling out form: _____ Name of church: _____

Address: _____
City State Zip

Phone #: () _____ Date: _____

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GENERAL REFERENCE

TO THE PARENT: Please complete the top section of this form; then give it to an adult (not a relative) who knows your child well. Your application is not complete until this information is received.

TO BE COMPLETED BY THE PARENT:

I give my permission for the following information to be released to Millersville Christian Academy. I understand that it will be treated confidentially and will not be released to me or anyone else other than the administration of MCA.

Name of Student: _____ Grade Applying For: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone number: _____ Email: _____

Signature of Parent: _____ Date: _____

TO BE COMPLETED BY THE PERSON MAKING THE RECOMMENDATION:

1. How long have you known this child? _____ In what capacity? _____

2. Does this student show evidence of good character? _____

3. Would you want your child to attend school with this student? _____

4. What are this child's greatest strengths? _____

5. What are his/her weaknesses? _____

Additional Comments: _____

I recommend this student: Yes _____ No _____ With this reservation _____

Name (please print) _____ Signature: _____

Address: _____
City State Zip

Phone #: (_____) _____ Date: _____

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