



MT. CARMEL CHRISTIAN ACADEMY

2331 US Hwy Bsn 340
 Luray, VA 22835
 (540) 743-9558
 Mtcarmelchristianacademy.org

**New Student
 Admission Application
 2020 – 2021 School Year**

STUDENT INFORMATION

Last Name:		First Name:		Middle Name:	
Birthdate:	Sex: M F	Age:	Grade Entering:	Date:	
Street Address:			City:	State:	Zip:
Student Email address:				Phone:	

PARENT INFORMATION

Father/Guardian:		MCCA Alumni? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, year graduated:			
Employer/Occupation:					
Cell phone:		Work phone:		Home phone:	
Email address:					
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried <input type="checkbox"/> Single					
Church Attending:			Pastor's Name:		
Attendance: <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Occasionally					
Mother/Guardian:		MCCA Alumni? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, year graduated:			
Employer/Occupation:					
Cell phone:		Work phone:		Home phone:	
Email address:					
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried <input type="checkbox"/> Single					
Church Attending:			Pastor's Name:		
Attendance: <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Occasionally					
Legal guardianship/custody of child: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Both <input type="checkbox"/> Other: _____					
Persons (including each parent by name) authorized to pick up student:					
(Students will be released to these persons only, unless prior written notification is received in the school office)					

MEDICAL/EMERGENCY INFORMATION

At the present time, does the applicant have a communicable disease? YES NO

Do you give permission for MCCA to dispense an occasional Tylenol without first securing your permission? YES NO

Are there any allergies, medical problems, or instructions about which we should know? YES NO

If yes, please explain:

If you cannot be reached in an emergency, do you authorize school personnel to obtain medical aid? YES NO

Family Physician:

Phone #:

Hospital Preferred:

Names of relatives or responsible persons to contact in case the parents cannot be reached:

Name:

Phone #:

Relationship:

Name:

Phone #:

Relationship:

SCHOOL INFORMATION

Name of previous school:

Address:

City:

State:

Zip:

Has any grade been repeated? YES NO

If yes, which grade? _____

Check "Yes" or "No" next to each statement:

YES NO Has the applicant had any discipline problems or been suspended or expelled?

YES NO Has the applicant been arrested, petitioned and/or placed on court-ordered probation?

YES NO Does the applicant have any physical, emotional, or mental issues which may affect attendance or behavior?

YES NO Has the applicant ever had any type of psychiatric, psychological, or educational evaluation?

YES NO Has the applicant ever received any type of tutoring, therapy, or Individual Education Plan (IEP)?

YES NO Has the applicant engaged in any type of sexual activity, drug use, tobacco use, or alcohol consumption?

If you checked "yes" for any of the above, please explain:

Why do you wish to send your child to Mt. Carmel Christian Academy?

How did you hear about MCCA? Internet search Driving by Newspaper ad Website Word of mouth

Were you referred to MCCA by a family with a current MCCA student? YES NO

If so, who? _____

PHOTO RELEASE

Mt. Carmel Christian Academy may wish to use photographs and videos of students on the school's website, Facebook page, and in educational publications and marketing materials (both internet and print), including in our annual yearbook. Any such photographs or videos would highlight the student(s) either demonstrating learning techniques or participating in approved school activities. I/we give consent for my/our child(ren) to be included in these materials.

YES, approved to use image NO, not approved to use image

(To further clarify: without consent, your child's picture will not be included in the yearbook, and he or she will be removed from any official group photos during field trips and special school events.)

OTHER DOCUMENTS

The following documents must be submitted to the school office before the first day of school for each student's permanent records. They will not be published or shared in any way without the parents' consent or a transcript request.

- Copy of shot record
- Copy of birth certificate
- Health entrance form if first-time Kindergarten student
- Transcript release authorization if 1st-12th grade student

We certify that all information on this application is correct. We understand that a completed application does not guarantee enrollment. Since MCCA is a private Christian school, it is a privilege to attend. We realize that all new student applications will be reviewed by the administration and are conditional upon the school receiving academic/discipline records and the school's judgment as to whether or not it can partner with us to provide our child a Christ-centered education for both the best of MCCA and our child. We also realize that all registration fees are non-refundable and non-transferable.

Father/Guardian Signature

Date

Mother/Guardian Signature

Date

OFFICE USE ONLY

- Registration fee paid
- FACTS plan signed
- Completed Health Entrance form
- Completed Application
- Completed Grade Level Testing - Date: _____
- Academic/Discipline records received and reviewed
- Parent/Student interview with administration - Date: _____
- Copy of Birth Certificate
- Copy of Shot Record
- Administration Approval