



MT. CARMEL CHRISTIAN ACADEMY

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

**Returning Student
 Registration
 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 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:

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.)

FAMILY AGREEMENT

For the Parents/Guardians

We agree to fully comply with the educational philosophy, statement of faith, and standards of conduct in the Mt. Carmel Christian Academy Handbook. We understand that the administration reserves the right to expel our children if at any time our children's conduct, academic progress, or cooperation with the school's staff is not in keeping with the school's principles. We will work with all staff members in a spirit of teamwork as together we train our children. If at any time during the training of our children we can no longer fully support MCCA and work together in a spirit of unity, and all reasonable avenues of communication have been exhausted, we will withdraw our children from MCCA in a quiet and orderly fashion.

Father's Signature

Date

Mother's Signature

Date

For the Student

I understand that Christian teachers are an extension of my parents. I will strive to obey them also as they seek to train me according to God's Word. I will seek at all times to follow the principles and guidelines of the MCCA Handbook in and out of school since MCCA desires to glorify Jesus Christ. I understand that willful disobedience to these principles and guidelines at any time may result in my dismissal from Mt. Carmel Christian Academy.

Student(s) Signature(s) for Grades 5-12

Date

OFFICE USE ONLY

Copy of Birth Certificate

Copy of Shot Record

Registration fee paid

FACTS plan signed

Family Agreement signed