



*Exceptional Education... Distinctively Christian*

# New Student Application 1-12

For School Year: \_\_\_\_\_

## GENERAL INFORMATION

➤ Please type or print in ink.

Student Name \_\_\_\_\_  
last first middle

Grade Applying for \_\_\_\_\_ Birthplace \_\_\_\_\_ Birth date \_\_\_\_\_ Sex:  M  F

Ethnicity  Non-Hispanic  Hispanic

Race  African American  Asian  Native American  Pacific Islands  White

Student's public school district \_\_\_\_\_

Last school attended \_\_\_\_\_ School phone \_\_\_\_\_ Grades attended \_\_\_\_\_

School's address \_\_\_\_\_

Student Name \_\_\_\_\_  
last first middle

Grade Applying for \_\_\_\_\_ Birthplace \_\_\_\_\_ Birth date \_\_\_\_\_ Sex:  M  F

Ethnicity  Non-Hispanic  Hispanic

Race  African American  Asian  Native American  Pacific Islands  White

Student's public school district \_\_\_\_\_

Last school attended \_\_\_\_\_ School phone \_\_\_\_\_ Grades attended \_\_\_\_\_

School's address \_\_\_\_\_

## PARENT INFORMATION

FATHER'S Name: Mr./Dr./Rev. \_\_\_\_\_  
last first middle

Occupation \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

MOTHER'S Name: Mrs./Ms./Miss/Dr. \_\_\_\_\_  
last first middle

Occupation \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

### Physical Address (where student resides)

\_\_\_\_\_ street City State Zip

Home phone number \_\_\_\_\_ Family email address \_\_\_\_\_

Marital status of parents:  married  divorced  separated  remarried

Student resides with:  father  mother  both  other: \_\_\_\_\_

Legal custody of child belongs to:  father  mother  both  other: \_\_\_\_\_

Non-custodial and/or non-resident parent is involved and may have access to school records/report cards:  Yes  No

Non-custodial and/or non-resident parent address (if they should be receiving information from the school)

\_\_\_\_\_ street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

Home phone number \_\_\_\_\_ Email address \_\_\_\_\_

Special conditions of custody arrangement (use another page if necessary; please attach copy of court order): \_\_\_\_\_

Have any of these students or any of his/her family members applied for admission at MCA or attended in the past?

yes  no

If yes, when? \_\_\_\_\_

List All Others that Live in the Home

Name	Age	Relationship to Student	School Attending	Grade
1. _____				
2. _____				
3. _____				

What church does your family presently attend? \_\_\_\_\_

How often?  frequently  often  occasionally  seldom  not attending

MCA affirms traditional biblical doctrine and moral values such as the exclusiveness of Christ as the only way to God, the preservation of unborn human life, and the restriction of sexual activity to within marriage only. How comfortable are both parents with this traditional understanding of life?

Father/guardian \_\_\_\_\_

Mother/guardian \_\_\_\_\_

Each parent; please describe your faith and your relationship with God.

*Father:* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Mother:* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about MCA? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list your reasons for selecting this school: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent Certification**

*My signature below signifies my agreement with the school's Statement of Faith. All information contained in these application materials is accurate to the best of my knowledge.*

\_\_\_\_\_  
Parent/Guardian Signature date

\_\_\_\_\_  
Parent/Guardian Signature date



## GRADES 1-12 ADDENDUM

Student Name \_\_\_\_\_  
last first middle

### DEVELOPMENTAL INFORMATION

Has your child ever been evaluated for and/or received support of any kind?  Yes  No

IEP  504 Plan  Speech Services  OT  PT  AIS

Please explain:

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Does your child still receive these services?  Yes  No

IEP  504 Plan  Speech Services  OT  PT  AIS

Please explain:

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\*PLEASE PROVIDE ANY EVALUATION REPORTS OR OTHER DOCUMENTATION REGARDING THESE SERVICES.\*

### STUDENT PROFILE

Explain what the teacher(s) ought to know about your student as a learner and as a person: \_\_\_\_\_

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Does your child require special classroom seating or accommodations of any kind? If so, please explain:  yes  no

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Do you suspect any emotional or behavioral problems? If so, please explain:  yes  no

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Has your child had any problem with absences in the past? If so, please explain:  yes  no

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In what areas (academic, athletic, musical, etc.) does your child excel? \_\_\_\_\_

\_\_\_\_\_

Has your child ever been retained in a grade? If so, what grade and why?  yes  no

\_\_\_\_\_

Has your child ever skipped a grade? If so, what grade? \_\_\_\_\_  yes  no

Has your child ever:

- |  |                              |                             |  |
|--|------------------------------|-----------------------------|--|
| 1) been suspended?   | <input type="checkbox"/> yes | <input type="checkbox"/> no | <i>[Each situation is evaluated individually; an affirmative answer does not automatically make an applicant ineligible for enrollment.]</i> |
| 2) been asked to withdraw?   | <input type="checkbox"/> yes | <input type="checkbox"/> no |  |
| 3) been expelled?  | <input type="checkbox"/> yes | <input type="checkbox"/> no |  |
| 4) been arrested?  | <input type="checkbox"/> yes | <input type="checkbox"/> no |  |
| 5) received serious censure from school or community (e.g., not allowed to go on a class trip or similar discipline, not allowed admittance to a particular business, etc.)? | <input type="checkbox"/> yes | <input type="checkbox"/> no |  |

*Please explain on the back side any affirmative answers to the above question.*

## HEALTH INFORMATION

Does your child have any allergies?  Yes  No If so, please indicate type of allergy and medication used:

\_\_\_\_\_

\_\_\_\_\_

Does your child take any regular medication (including Ritalin), and if so, what kind(s)?  Yes  No

\_\_\_\_\_

\_\_\_\_\_

Please comment about anything we should know about your child's medical history in order to determine best his/her developmental needs at this point.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_













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# SCHOOL

## Confidential Reference (Gr. 1-12)

### To be completed by Teacher

36-38 Sacandaga Rd • Scotia, NY • 12302 • 518-370-4272 • 518-370-4778 (fax)

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

**Dear Teacher/Guidance Counselor/School Administrator:**

The above named student is applying for admission to Mekeel Christian Academy and has given your name as a reference and will not be interviewed until we receive your evaluation. The parents/guardians have signed a waiver at the bottom relinquishing their right to read this reference. The teacher should fill out this form and then fax or mail to Mekeel Christian Academy.

**If you wish to discuss this student personally rather than complete this form, please check here , and print your name and telephone number at the bottom of this form. You will be contacted by our Head of School or Principal.**

AREAS	Excellent (Top 10%)	Above Average	Average	Below Average	Poor (Bottom 10%)
Academic Ability					
Academic Motivation					
Integrity					
Reaction to Criticism					
Self Confidence					
Sense of Humor					
Politeness					
Self-Discipline					
Maturity					
Study Habits & Organization					
Energy					
Warmth of Personality					
Ability to get Along with Another Student					
Respect for Adults					
Perseverance Under Pressure					
Concern for Others					

*We would appreciate receiving your answers to the following questions. Please explain any affirmative answers to questions 2-4; feel free to use the back of this form if necessary.*

1. Does the student have any outstanding *abilities* or *deficiencies* not covered by above categories?  yes  no

\_\_\_\_\_

\_\_\_\_\_

2. Does the student have any significant *limitations* that affect school performance?  yes  no

\_\_\_\_\_

\_\_\_\_\_

Printed Name

Signature

Title

Contact Information

**PARENT WAIVER**

I/We hereby authorize Mekeel Christian Academy to contact schools and other sources to obtain information to support our applications(s) and I/we will not seek access to confidential recommendation and evaluation materials before or after the admission decision is made. I/We release every person and institution from any and all liability resulting from or pertaining to the furnishing of records, documents, and other information provided to Mekeel Christian Academy for that Purpose.

\_\_\_\_\_  
Father/Guardian Signature

\_\_\_\_\_  
date

\_\_\_\_\_  
Mother/Guardian Signature

\_\_\_\_\_  
date



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# SCHOOL Confidential Reference (Gr. 1-12) To be completed by Administrator

36-38 Sacandaga Rd • Scotia, NY • 12302 • 518-370-4272 • 518-370-4778 (fax)

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

**Dear Guidance Counselor/School Administrator:**

The above named student is applying for admission to Mekeel Christian Academy and has given your name as a reference and will not be interviewed until we receive your evaluation. The parents/guardians have signed a waiver at the bottom relinquishing their right to read this reference. The teacher should fill out this form and then fax or mail to Mekeel Christian Academy.

**If you wish to discuss this student personally rather than complete this form, please check here , and on the back side at the bottom please print your name and note your telephone number. You will be contacted by our Head of School or Principal.**

Have the parents been cooperative with the school in the training and education of their child?  yes  no

3. Has the student ever been referred to the school administration for disciplinary action? If so, please explain:  yes  no

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. If your school is private, are financial responsibilities for school bills met on time?  yes  no  not applicable

5. Is the student in good standing and eligible to re-enter your school if you offer the next grade level?  yes  no  
If not, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. In your best judgment, how do you rate this student's prospects of being a positive asset to Mekeel Christian Academy?

excellent  good  average  poor

COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*Please sign and either mail in the enclosed envelope or fax to the MCA Development Office (FAX 518-370-4778). Please feel free to include any additional information you may also indicate below your signature that you would prefer a call. Thank you for your assistance!*

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_ Contact Information \_\_\_\_\_

**PARENT WAIVER**

I/We hereby authorize Mekeel Christian Academy to contact schools and other sources to obtain information to support our applications(s) and I/we will not seek access to confidential recommendation and evaluation materials before or after the admission decision is made. I/We release every person and institution from any and all liability resulting from or pertaining to the furnishing of records, documents, and other information provided to Mekeel Christian Academy for that Purpose.

\_\_\_\_\_  
Father/Guardian Signature date

\_\_\_\_\_  
Mother/Guardian Signature date



# PASTORAL Confidential Reference

(To be completed by your Pastor, Pastoral Staff  
Member, or Youth Director.)

**Please mail or fax this form to Director of Admissions @ Mekeel Christian Academy**

36-38 Sacandaga Rd • Scotia, NY • 12302 • 518-370-4272 • 518-370-4778 (fax)

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

**Dear Pastor/Youth Director:**

The above named student is applying for admission to Mekeel Christian Academy and has given your name as a reference and will not be interviewed until we receive your evaluation. The parents/guardians have signed a waiver at the bottom relinquishing their right to read this reference.

In the case of younger applicants, we realize a pastor or pastoral staff member may not be truly familiar with a child's spiritual or social development. In these cases we are primarily seeking to determine the family's attendance and involvement at a local church. Feel free to omit any questions that are not applicable for a younger child. Thank you for providing any information you might have that would be of assistance to the school.

1. How long have you known the student and in what capacity? \_\_\_\_\_
2. How well do you know this student and his/her family? \_\_\_\_\_
3. How often does the student attend your church?  frequently  often  occasionally  seldom  never
4. Has the student expressed personal faith in Christ?  yes  no  unknown
5. Does the student demonstrate good moral character?  yes  no  unknown
6. Has the student been involved in disruptive conduct in your church or youth group?  yes  no  unknown
7. Does this student attend any of your church programs (e.g., Sunday school, youth group, religious ed., children's programs, etc.) on a regular basis?  yes  no  unknown
8. In what ministries of your church has the student been involved (*older students only*)? \_\_\_\_\_  
\_\_\_\_\_
9. What do you consider to be the student's positive qualities? \_\_\_\_\_  
\_\_\_\_\_
10. What areas need attention or growth? \_\_\_\_\_  
\_\_\_\_\_
11. Do you believe he/she will be a positive addition to MCA? \_\_\_\_\_

Please sign and either mail in the enclosed envelope or fax to the MCA Development Office (FAX 518-370-4778). Please feel free to include any additional information; you may indicate below your signature that you would prefer a call. Thank you for your assistance!

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_

Please call me at: \_\_\_\_\_

Church \_\_\_\_\_

**PARENT WAIVER**

*I/We hereby authorize Mekeel Christian Academy to contact schools, churches, and other sources to obtain information to support our application(s) and I/we will not seek access to confidential recommendation and evaluation materials before or after the admission decision is made. I/We release every person and institution from any and all liability resulting from or pertaining to the furnishing of records, documents, and other information provided to Mekeel Christian Academy for that purpose.*

Father/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ Mother/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_