

APPLICATION FOR ADMISSION
Maricopa Village Christian School

FOR OFFICE USE ONLY

Received: _____
Entrance Fee: _____
Accepted: _____

(Please print clearly)

Student Information

Elementary

Check one: New Applicant Returning Applying for School Year: _____

Last Name First Name Middle Name (Nickname)

Address City State Zip Code

Home Telephone Email Mobile Phone

Place of Birth _____ Country of Citizenship (required) _____ Religious Preference _____

Date of Birth (mm/dd/yy) _____ Social Security Number _____

Current Grade _____ Applying for Grade _____ Gender: Male Female

Family Information

Student living with: Parents Mother Father Guardian (Relationship to student) _____

Father Mr. Other Attend MVCS: Yes No What Years? _____

Last Name First Name Middle Name

Address City State Zip Code

Home Telephone Work Telephone Mobile Telephone E-mail

Employer Occupation/Title

Address City State Zip Code

Mother Mrs. Ms. Other ____ Attended MVCS? Yes No What Years? _____

Last Name First Name Maiden Name

Address City State Zip Code

Home Telephone	Work Telephone	Mobile Telephone	E-mail
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Employer	Occupation/Title
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Address	City	State	Zip Code
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Brothers(s) Sister(s) of Applicant	Also Applying To MVCS?	Attended MVCS?
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Prior School Information (registration will not be complete without this section)

Name of Last School Attended: _____

Address	City	State	Zip Code	Telephone
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Authorization for Release of Records and Parent Contract

I do hereby give permission for Orangewood Academy to release school records (including standardized test information) to the University of California and other colleges and universities. I hereby agree to support school regulations and to help my child observe them, to supply physical examination reports for this student (entering school for the first time, at grade seven – including scoliosis exam, at least once in grades nine through twelve, and at other grades, when required by the Conference Board of Education), and to accept all financial educational obligations for this student.

Date _____ Signature of Parent/Guardian _____

**Emergency Consent to Treat Form
Maricopa Village Christian School**

Student Information (please print clearly)

Last Name First Name Middle Name (Nickname)

Address City State Zip Code

Home Telephone Mobile Telephone E-mail

Gender: Male Female Date of Birth _____ Grade _____

Father/Guardian Information

Mr. Other : _____ Step-parent Guardian (Relationship to student) _____

Last Name First Name Middle Name

Address City State Zip Code

Home Telephone Work Telephone Mobile Telephone E-mail

Employer Occupation/Title Driver's License Number

Employer Address City State Zip Code

Mother/Guardian Information

Mrs. Ms. Other _____ Step-parent Guardian (Relationship to student) _____

Last Name First Name Maiden Name

Address City State Zip Code

Home Telephone Work Telephone Mobile Telephone E-mail

Employer Occupation/Title Driver's License Number

Employer Address City State Zip Code

Emergency Medical Information

Family Physician	Telephone	Insurance Carrier
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Address	City	State	Zip Code
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Hospital Preference	Hospital Telephone
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PLEASE READ AND FILL OUT THE FOLLOWING INFORMATION CAREFULLY, AND SIGN BELOW

Students may not be released from school without permission of a parent, guardian, or other authorized adult. If an emergency requires that a student be dismissed from school and a parent cannot be reached, please provide the school or emergency personnel with the critical contacts and information for authorization and assistance. Two emergency contacts (other than parents or guardians) are required.

IMPORTANT: Student will not be admitted into school without this completed information.

Emergency Contact – Family or Friend (not parent or guardian)

Mr. Mrs. Other _____ Relationship to student: _____

Last Name	First Name	Middle Name
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Address	City	State	Zip Code
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Home Telephone	Work Telephone	Mobile Telephone
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Second Emergency Contact – Family or Friend (not parent or guardian)

Mr. Mrs. Other _____ Relationship to student: _____

Last Name	First Name	Middle Name
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Address	City	State	Zip Code
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Home Telephone	Work Telephone	Mobile Telephone
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Please describe all allergies to substances and/or medications. If none, please write "NONE":

Date of Last Tetanus Shot: _____

If emergency service involving medical action or treatment is required and neither parent nor family physician can be reached for consent, the parents hereby consent to rendering of such emergency medical service for the above-named student as shall be necessary in the medical opinion of the doctors or emergency personnel rendering such services.

Signature of Parent/Guardian

Date

I do hereby give permission for the above names student to participate in any authorized school field trips approved by the staff, or any authorized overnight school outings approved by the school board, during the present school year.

Signature of Parent/Guardian

Date