



**APPLICATION MUST BE FILLED OUT COMPLETELY IN ORDER TO BE PROCESSED**

**STUDENT INFORMATION**

Student's Legal name \_\_\_\_\_  
*Last First Middle (complete)*

Student's Social Security Number: \_\_\_\_\_ Current Grade \_\_\_\_\_ Sex \_\_\_\_\_

Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Age \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birthplace \_\_\_\_\_ Ethnicity \_\_\_\_\_ Grade Entering \_\_\_\_\_

School attended last year: [ ] Manhattan Christian Academy [ ] Other, give name \_\_\_\_\_

Does your child have an IEP with the Board of Education? \_\_\_No \_\_\_Yes (If yes, please provide copy)

**PARENT OR GUARDIAN INFORMATION**

**FATHER'S** full name \_\_\_\_\_ Occupation \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Cell/Beeper Number \_\_\_\_\_ Employer \_\_\_\_\_

Home address (If different from above) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**MOTHER'S** full name \_\_\_\_\_ Occupation \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Cell/Beeper Number \_\_\_\_\_ Employer \_\_\_\_\_

Home address (If different from above) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**GUARDIAN'S** full name: \_\_\_\_\_ Occupation: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ Work phone \_\_\_\_\_

**With whom does child reside:** [ ] Both parents [ ] Mother [ ] Father [ ] Guardian

**Photo Release:** We hereby allow MCA to use photographs or images of me/my child for appropriate promotional materials.

Signature: \_\_\_\_\_  
(over)

Do you have more than one child in our school: \_\_\_Yes \_\_\_No If yes, how many: \_\_\_\_\_

List names and grades \_\_\_\_\_

**FOR OFFICE USE ONLY:**

INTERVIEW:

TODAY'S DATE:

PAYMENT:



*CONTACT INFORMATION (MEDICAL OR EMERGENCY)*

Student's Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

In case of emergency, call \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
*(Other than parents) (Relationship)*

Any physical or mental handicaps or allergies \_\_\_\_ Yes \_\_\_\_ No

If yes, explain \_\_\_\_\_

List two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached:

1. Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
*Relationship*

2. Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
*Relationship*

**Mother's Parents:** \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
(Grandparents) First Name Last Name

Street Address Apt. # City State Zip Code

**Father's Parents:** \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
(Grandparents) First Name Last Name

Street Address Apt. # City State Zip Code

Who is allowed to pick your child up? Please list names: \_\_\_\_\_

Any legal authority or parental restrictions? \_\_\_\_ Yes \_\_\_\_ No If yes, what? \_\_\_\_\_

*GENERAL INFORMATION*

Church you now attend \_\_\_\_\_ Telephone: \_\_\_\_\_

Pastor's name: \_\_\_\_\_ Address: \_\_\_\_\_

How did you hear about Manhattan Christian Academy? \_\_\_\_\_

*STATEMENT OF NONDISCRIMINATION*

*Manhattan Christian Academy admits students of any race, color, nationality, and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to MCA students. We do not discriminate on the basis of sex, race, color, national or ethnic origin in the administration of our educational policies, admission procedures, scholarship awards, athletic and other school administered programs. We, however, preserve the right to deny admission to any individual who cannot benefit from enrollment based on past academic achievement, disqualifying handicap, or whose personal life-style is not in harmony with the stated philosophy and purpose of Manhattan Christian Academy.*