



MOORESVILLE

CHRISTIAN ACADEMY

New Family Application Form

Mooresville Christian Academy offers spiritual training that is aimed at bringing students into a correct relationship with God through Jesus Christ, while maintaining a strong academic program. As a Christian school, we are committed to the teaching of the Bible and are persuaded that there should be a direct relationship between what Christian students believe and how they behave.

Very specific requirements for admission have been established for each student desiring to enroll. The most important of these requirements are summarized below:

ADMISSION POLICY

1. The Board of Directors requires at least one parent to submit a clearly written personal salvation testimony that provides evidence of a personal relationship with Jesus Christ.
2. Each prospective enrollee must have a minimum grade point average of 2.0 for the last year of the academic studies.
3. One or both of the above criteria may be waived by recommendation of the Administration.
4. Each student must demonstrate the he/she has a behavioral history that would be in accordance with the standards and expectations of our school.

SUBMITTING AN APPLICATION

New applications will be processed in the numeric order received. Promptness is important in returning your application material due to the possibility of a waiting list in each class. All applications are reviewed without regard to sex, race, and national or ethnic origin. Please pray with us as your family seeks God's will for the education of your children.

A completed student application includes the following:

- Pre-Enrollment Form (one for each family)
- New Family Application (one for each family)
- New Student Enrollment Application (one per student)
- Registration Fee - \$150.00 per new student (\$50.00 PK3/PK4/Returning student during open enrollment)
- Home Language Survey
- Copy of Birth Certificate and Immunization Records
- Transcript from most recent school

TESTING

Students may be tested to ensure their readiness for the academics at MCA. Generally this testing will be done in the areas of math and language arts.

INTERVIEW

If a student's application is favorable, an interview with the prospective student(s) and parent(s) will be scheduled. The purpose of this interview is to answer questions and familiarize the student(s) and parent(s) with our school and to make a final determination relative to enrollment.

Notification of Acceptance/Denial

Due to limited enrollment opportunities, numerous applicants, and very definite enrollment criteria, we are not able to enroll all students who apply. Therefore, parents should not presume that enrollment is automatic. Parent/guardian will receive written notification as soon as possible of acceptance/denial.



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Pre- Enrollment Form

Enrollment Fees

The enrollment fee is \$150.00 per student (\$50.00 for PK3 and PK4) and must be submitted with a completed enrollment form. The re-enrollment fee for returning students is \$50.00 during open enrollment dates.

Note: PK3, PK4, and K parents, please circle desired option:

PK3 T/R Full or PK3 T/R 1/2 Day
PK4 M-F Full Day or PK4 M/W/F Full Day or PK4 M/W/F 1/2 Day
K Full Day or K 1/2 Day

Student's Names

Entering Grade Level

Father/ Stepfather :

Mr., Dr., Rev. (First) _____ (Mid. I) _____ (Last) _____

Mother/ Stepmother :

Mrs., Dr., Rev. (First) _____ (Mid. I) _____ (Last) _____

Mailing Address: _____ City _____

State _____ Zip _____

Phone: _____ Email Address: _____

Previous School Attended: _____

Financial Intent - Please select one payment option:

_____ One Annual Payment (due June 15)

_____ Semi-Annual Payments (due June 15 and December 15)

_____ Monthly (June 15 through May 15)

A late fee will be assessed should your payment not be received on the due date.

Parent(s) Signature: _____ Date: _____

Have you ever applied to MCA? _____ Have you ever attended MCA? _____



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FAMILY APPLICATION FORM

Parent(s)' / Guardian(s)' Names

Father/ Stepfather :

Mr., Dr., Rev. (First) _____ (Mid. I) _____ (Last) _____

Mother/ Stepmother :

Mrs., Dr., Rev. (First) _____ (Mid. I) _____ (Last) _____

Guardian:

Mr., Mrs., Dr., Rev. (First) _____ (Mid. I) _____ (Last) _____

Home Address - #1 mailing address

_____ City: _____

State: _____ Zip: _____

County: _____ School District: _____

Primary Phone: _____ Primary Email: _____

Marital Status

Father:

Married _____ Divorced _____ Separated _____ Widow(er) _____ Remarried _____ Single _____

Mother:

Married _____ Divorced _____ Separated _____ Widow(er) _____ Remarried _____ Single _____

Employment Information

Father/Stepfather:

Mother/Stepmother:

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Religious Information

Church Name: _____ Pastor: _____

Church Attendance

Father/Stepfather Regular ____ Sometimes ____ Seldom ____ Never ____

Mother/Stepmother Regular ____ Sometimes ____ Seldom ____ Never ____

Children Regular ____ Sometimes ____ Seldom ____ Never ____

Salvation Experience

Has the FATHER/STEPFATHER personally accepted Christ as his Savior? Y ____ N ____

Has the MOTHER/STEPMOTHER personally accepted Christ as her Savior? Y ____ N ____

Please give a personal testimony of ONE parents' experience:



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Parent's Statement of Cooperation

I will read the Student Handbook and will cooperate with the school to see that my child meets the standard of appearance and conduct as outlined therein. I furthermore grant the school authority to discipline my child as necessary (as outlined in the Student Handbook) and agree to cooperate with discipline of my child at home as needed.

I agree to bring any questions or criticisms regarding procedures or discipline directly to the administration or teacher involved. I will not be party to rumors. I will not spread discontent among my child or other parents.

I have read the school's doctrinal statement, purpose, and objectives and am willing to have my child trained in accordance with them.

I give my permission for my child to take part in all school activities, including sports and school-sponsored trips away from the school premises and absolve the school from any liability because of injury.

I agree to pay the tuition according to arrangements that shall be made, and understand that a payment not made by the due date (1st or 15th of the month) will result in a \$25.00 to the next month's invoice.

I agree to support the high academic standards of the school by providing a place at home for my child to study and by giving my child encouragement in the completion of homework and assignments.

I realize that a Christian school is not a substitute for the local church. Christian education is complete when a child receives instruction from the home, Christian school, and Bible-teaching church. I agree to pray for the ministry of the school, staff members, school board, and fellow families as we join in partnership with MCA in order to help me with our spiritual responsibility to our child.

I am aware that the infraction of at least one of these statements by me or my child could result in my child being suspended which could lead to expulsion.

Parent's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____



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Statement of Faith

1. We believe the Bible to be the inspired, the only infallible, authoritative, inerrant Word of God. (2 Timothy 3:16, 2 Peter 1:21)
2. We believe there is one God, eternally existent in three persons—Father, Son, and Holy Spirit.
(Genesis 1:1, Matthew 28:19, John 10:30)
3. We believe in the deity of Christ (John 10:33),
His virgin birth (Isaiah 7:14, Matthew 1:23, Luke 1:35),
His sinless life (Hebrews 4: 15, 7:26), His miracles (John 2:11),
His vicarious and atoning death (1 Corinthians 15:3, Ephesians 1:7, Hebrews 2:9),
His Resurrection (John 11:25, 1 Corinthians 15:4),
His Ascension to the right hand of God (Mark 16:19),
His personal return in power and glory (Acts 1:11, Revelation 19:11).
4. We believe in the absolute necessity of regeneration by the Holy Spirit for salvation because of the exceeding sinfulness of human nature and that men are justified on the single ground of faith in the shed blood of Christ and that only by God's grace and through faith alone are we saved. (John 3:16–19, 5:24; Romans 3:23, 5:8–9; Ephesians 2:8–10; Titus 3:5)
5. We believe in the resurrection of both the saved and the lost; they that are saved unto the resurrection of life, and they that are lost unto the resurrection of condemnation. (John 5:28–29)
6. We believe in the spiritual unity of believers in our Lord Jesus Christ. (Romans 8:9, 1 Corinthians 2:12–13, Galatians 3:26–28)
7. We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life. (Romans 8:13–14; 1 Corinthians 3:16, 6:19–20; Ephesians 4:30, 5:18)

... from the constitution of the Association of Christian Schools International

I have read the Statement of Faith and agree that my child will be taught in accordance with it.

Father: _____ Date: _____

Mother: _____ Date: _____

Name of family church: _____

Address: _____

Phone: _____ Church Attendance: _____ Once a month _____ Twice a month _____ Weekly

Verifying Pastor Signature: _____ Date: _____



Student Enrollment Application

Student's Full Name: _____

Enrolling at Grade Level: *K3 *K4 *K5 1 2 3 4 5 6 7 8 9 10 11 12

K3: Tues/Thurs Full Day Tues/Thurs Half Day

K4: Mon-Fri Full Day M/W/F Full Day M/W/F Half Day

K5:	Full Day	Half Day
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Gender: _____ Age: _____ Birthdate: _____

Ethnic Background:	White	Hispanic/Latino	American Indian/Alaskan Native
	Asian	Black/African American	Native Hawaiian/Pacific Islander

Previous School Attended:

#1 Mailing Address (where student resides): _____

City: _____ State: _____ Zip: _____

County: _____ School District: _____

Primary Phone: _____ Primary Email: _____

#2 Mailing Address (where student resides): _____

City: _____ State: _____ Zip: _____

County: _____ School District: _____

Primary Phone: _____ Primary Email: _____

Send School-Related Information to: Address #1 _____ Address #2 _____

If parents are divorced or separated, who has legal custody of the student? _____

Name of Parent/Legal Guardian: _____

Please attach court issued custody information here if applicable.

Has the student had any disciplinary difficulty in school? **Yes No** If so, please attach explanation.

Has the student been expelled or suspended from school? **Yes No** If so, please attach explanation.

Has the student repeated a grade? **Yes No** If so, please attach explanation.

Does the student have an IEP ? **Yes No**

Does the student have a 504? **Yes No**

To the best of your knowledge, has the student used any type of illegal drugs, alcohol, tobacco, or has he/she ever been in any trouble with legal authorities? **Yes No** If so, please attach explanation.

Is there any other information you would like MCA to know about your child so we can better serve your family?

How did you hear about our school?



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Expectation of Student

1. Mooresville Christian Academy is a school dedicated to the glory of God. It exists to help you grow spiritually, socially, emotionally, physically, and academically. It is expected that you will, at all times, live in accord with what our school represents and believes, and that in all things you will represent it well as an example of what its members are and do.
2. Students at MCA are expected to assume personal responsibility for their actions, attitudes, and efforts. These would include carefully preparing for each class, coming to the classroom with needed materials, being prepared to begin class and maintain focus in classes, and showing respect for the faculty, staff, and administration in all instances.
3. As a Christian school, MCA is committed to the teachings of the Bible and we are persuaded that there should be a direct relationship between what a Christian student believes and how he/she behaves. We acknowledge that it is impossible to create a school community with behavioral standards that are acceptable to every student. We wish to make it clear that some of these rules are intended to help our community life and are not necessarily regarded as absolutes for all Christians. We do, however, believe that it is essential to specify certain specific principles found in the Bible. We request, therefore, that all students abstain both on and off campus, from the use of tobacco, alcoholic beverages, illegal drugs, profane language, and immoral behavior.

Personal Commitment

I agree to abide by the standards of Mooresville Christian Academy and will show honor to the Godhead, the Word of God, and my country. I will not engage in any disrespect to the personnel of the school in word or in deed. I hereby agree to abide by all the regulations of MCA and understand the school will employ discipline as it deems necessary for my training. I understand the nature of the spiritual and academic standards and expectations of MCA and agree thereto. My signature evidences my desire to be a member of the Mooresville Christian Academy student body.

Student's Signature: _____ Date: _____

Violations are considered the breaking of a firm commitment each student makes when choosing to attend school. As a member of MCA, you will be expected to exert a positive influence in your social relationships and to be a responsible member of the MCA school community.



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Emergency and Medical Information Release

Students Name: _____ Grade: _____

Please be advised

- To ensure the health and well-being of your child, this information will be shared with other school staff/faculty as necessary and appropriate.
- If your child has a medical condition that may require emergency medication (EpiPen, inhaler, etc.), you must provide such medications to the office.

Local Emergency Contacts authorized to pick up child:

#1 _____ Phone _____ Relation _____

#2 _____ Phone _____ Relation _____

#3 _____ Phone _____ Relation _____

Important Medical History

Please list your student's medical history. This would include, but not limited to, mental/emotional, physical limitations (ex.: allergies, seizures, etc.).

Medication Release

Our clinic has ibuprofen, Tylenol, Tums, etc. on hand if needed.

Please **initial** if you do **not** give MCA permission to administer any of the above to your child: _____

Prescription medications needed while at school **MUST** be brought by an **ADULT** to the school office (students are allowed to carry inhalers if a special permission note signed by the doctor is on file). A prescription medication **MUST** have a current pharmacy label on the container and a medication permission form filled out from the parent/guardian giving permission to dispense the medication. A non-prescription medication must be brought in its original container and a medication permission form filled out by parent/guardian. **No medication from home will be dispensed without written permission.**



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Home Language Survey

The Civil Rights Act of 1964, Title VI, Language Minority Compliance Procedures, requires school districts and charter schools to determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students as outlined Plyler v. Doe, 457 U.S. 202 (1982). The purpose of this survey is to determine the primary or home language of the student. The HLS must be given to all students enrolled in the school district / charter school. The HLS is administered one time, upon initial enrollment, and remains in the student's cumulative file. Please note that the answers to the survey below are student-specific. If a language other than English is recorded for ANY of the survey questions below, the W-APT will be administered to determine whether or not the student will qualify for additional English language development support.

Please answer the following questions regarding the language spoken by the student:

1. What is the native language of the **student**? _____.
2. What language(s) is spoken most often by the **student**? _____.
3. What language(s) is spoken by the **student** in the home? _____.

Student Name: _____ Grade: _____.

Parent/Guardian Name: _____ Date: _____.

By signing here, you certify that responses to the three questions above are specific to your student. You understand that if a language other than English has been identified, your student will be tested to determine if they qualify for English language development services, to help them become fluent in English. If entered into the English language development program, your student will be entitled to services as an English learner and will be tested annually to determine their English language proficiency.

For School Use Only: School personnel who administered and explained the HLS and the placement of a student into an English language development program if a language other than English was indicated:



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Choice Scholarship Application 2022-23 School Year

Student's Full Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

School Corporation of Legal Settlement: _____

School Student Attended Previous Year: _____

Parent/Guardian Email: _____

Parent/Guardian Phone: _____

Does student have an Individualized Education Program (IEP) or Service Plan/Speech Service?
Yes or No

Did student or a sibling receive an SGO in previous School Year? Yes or No
If Yes, what is the name of student or sibling: _____

Did student or sibling receive a **Choice Scholarship** in any previous school year? Yes or No
Name of Student or Sibling: _____

Total # of persons living in household: _____

Total Adjusted Gross income in household: _____

Please include income from jobs, child support, social security, and any other household income.

Parent Signature: _____ Date: _____

Office Use Only STN: _____ Dist. Code: _____ Fees: _____