

APPLICATION FOR ADMISSION
Maricopa Village Christian School

FOR OFFICE USE ONLY

Received: _____

Entrance Fee: _____

Accepted: _____

(Please print clearly)

Student Information 1 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 _____ Ethnicity _____ Religious Preference _____

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

Current Grade _____ Applying for Grade _____ Gender: Male Female

Student Information 2 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 _____ Ethnicity _____ Religious Preference _____

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

Current Grade _____ Applying for Grade _____ Gender: Male Female

Student Information 3 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 _____ Ethnicity _____ 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

Employer Occupation/Title

Address City State Zip Code

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

Name of Last School Attended: _____

Address City State Zip Code Telephone

Authorization for Release of Records and Parent Contract

I do hereby give permission to release school records (including standardized test information) to Maricopa Village Christian School (MVCS). I hereby agree to support school regulations and to help my child observe them, to supply physical examination reports for this student including all immunization records.

Date _____ Signature of Parent/Guardian _____

Authorized Pick Up

Last Name First Name Relation to Student

Home Telephone Work Telephone Mobile Telephone E-mail

Last Name First Name Relation to Student

Home Telephone Work Telephone Mobile Telephone E-mail

Last Name First Name Relation to Student

Home Telephone Work Telephone Mobile Telephone E-mail

Consent to Film/Video/Photograph

As a parent or guardian of this student/s, I hereby consent to the use of photographs/videotape taken during the course of the school year for publicity, promotional and/or educational purposes (including publications, presentation or broadcast via newspaper, internet, or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

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 : _____ 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

Ms. Other _____ 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/guardian cannot be reached, please provide the critical contacts 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. Ms. 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. Ms. 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 list all allergies and/or medications. If none, please write "NONE":

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
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