



# APPLICATION INSTRUCTIONS

*As a ministry of Maranatha Baptist Church, Maranatha Christian Academy is dedicated to assisting Christian parents in fulfilling their God-given responsibility of training their children by providing a godly atmosphere that equips students to grow both academically and spiritually in order to serve God effectively in their home, church, and community.*

The enrollment process helps MCA ensure we are partnering with families desiring to assist us in fulfilling our philosophy and purpose as stated above, and also enables us to assess your child's aptitude to succeed academically.

***In order to successfully complete the enrollment process for your child, the following items are required.*** This entire process must be completed in order for your child to be considered for enrollment. Your prompt response to these items will help us process your application in a more efficient manner.

## **Step #1: Completed Application Returned to MCA with \$75.00 Application Fee per Student. (Check list)**

- Parent Information Application
- Student Application (1 per student Applying)
- Copy of Certified Official Birth Certificate (Please present a copy, as originals will not be returned.)
- Certificate of Ear, Eye and Dental Form (Georgia Form 3300)
- Copy of Up-to-Date Immunization Record (Georgia Form 3231)
- Any other Health, Medical or Psychological Reports
- Student Medical Release/Emergency Contacts Form (1 Per Student Applying)
- Student Pick Up Authorization Form
- Church Information/Pastor's Reference (or Sunday School Teacher of student) completed and returned to MCA.
- Authorization to Release Transcripts

*This form should be presented to your home school if your child is transferring from another school. Your child's school records, to include 2 years of reports cards and 2 years of Standardized Test Score Results, are required to complete the application.*

- Teachers Recommendations

*Grades K - 5th - The applicant's current elementary or pre-school teacher must complete the teacher recommendation.*

*Grades 6th-12th - The applicant's current Math and English teachers must complete the teacher recommendations*

- Enrollment Contract (to be filled out and signed when payment arrangements are made)

## **Step #2: Admission Screening/Testing**

The applicant will participate in a screening and/or take an appropriate grade level test, depending on grade entering. The testing will be scheduled after all required paperwork has been submitted.

## **Step #3: Parent/Guardian School Interview**

Once your child's Application is completed (completion of Step #1 and Step #2), you will then be scheduled for an interview with an MCA Official. Maranatha requires that the parent(s)/guardian(s) of the applicant and the applicant meet with the Administration. This meeting will be scheduled after all required paperwork and admissions screenings and testing is completed.

## **Step #4: Acceptance**

Upon completion of steps #1-3, you will next be notified regarding your child's enrollment status. Upon acceptance, parents will meet with our Finance Manager to discuss payment options.



# Parent/Guardian Information

Title \_\_\_\_\_ First \_\_\_\_\_ Last \_\_\_\_\_  
Relationship to Student \_\_\_\_\_ Custody: Y/N \_\_\_\_\_ Student Residence: Y/N \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Receive Text Msgs.  Yes  No  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_  
Work Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Title \_\_\_\_\_ First \_\_\_\_\_ Last \_\_\_\_\_  
Relationship to Student \_\_\_\_\_ Custody: Y/N \_\_\_\_\_ Student Residence: Y/N \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Receive Text Msgs.  Yes  No  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_  
Work Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Title \_\_\_\_\_ First \_\_\_\_\_ Last \_\_\_\_\_  
Relationship to Student \_\_\_\_\_ Custody: Y/N \_\_\_\_\_ Student Residence: Y/N \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Receive Text Msgs.  Yes  No  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_  
Work Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

If either parent (or step-parent) is forbidden by court order from having access to the child or school records, please give that parent's name: \_\_\_\_\_ . Written documentation of court orders must be submitted to the school.

# Grandparent Information

Name \_\_\_\_\_ E-mail Address \_\_\_\_\_

Name \_\_\_\_\_ E-mail Address \_\_\_\_\_

# Student Application

Applicant's Legal Name: \_\_\_\_\_  
*First* *Middle* *Last*

Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Student Resides With:  Both Parents  Father  Mother  Other \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
( ) ( )

Home Phone \_\_\_\_\_ Student's Cell Phone \_\_\_\_\_ Student's E-mail (if any) \_\_\_\_\_

1. Has your child previously attended Maranatha Christian Academy?  Yes  No What Year/Grade: \_\_\_\_\_
2. Has your child ever failed a grade or been retained in a class from any school?  Yes  No
3. Has your child ever been dismissed from or been refused admission to another school?  Yes  No
4. Has your child ever been involved in disciplinary action beyond a teacher's involvement (sent to the principal, etc.)?  Yes  No
5. Has your child ever had problems with attendance (tardiness)?  Yes  No
6. What has been the overall level of your child's work in the past (A, B, etc.)? \_\_\_\_\_
7. Does your child have a Learning Disability?  Yes  No Has your child ever had, or currently have, an IEP?  Yes  No
8. Any psychological educational evaluations?  Yes  No *If yes, please include a copy of all testing that has been done.*
9. Has your child ever utilized the services of a counselor in a private practice, psychiatrist, or clinical psychologist?  Yes  No
10. Has your child ever used (or currently using) alcohol, illegal drugs, or tobacco products?  Yes  No
11. Has your child had any encounters with law enforcement, juvenile, or legal agencies?  Yes  No
12. Please list below your child's extracurricular interests, abilities (including musical instruments) and achievements:  
\_\_\_\_\_  
\_\_\_\_\_

13. Please explain why you would like your child to attend Maranatha Christian Academy: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## School Covenant Commitment- For the Student: Grades 6-12

I desire to attend Maranatha Christian Academy, and am willing to be under the authority of my parents in submitting and deferring to their wishes concerning enrollment at Maranatha Christian Academy.

I understand that Christian teachers are in partnership with my parents. I will strive to obey them also, as they seek to train me according to God's Word.

With the help of the Holy Spirit, I will seek to live a godly life in and out of school in order that Jesus Christ will be glorified.

I understand that failure to uphold these principles and guidelines of the Parent/Student Handbook may result in my dismissal from Maranatha Christian Academy.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date



# Student Pick-Up Authorization

## 2018-2019

If you plan to have someone else other than yourself pick up your child, please fill out this form. ONLY PERSONS NAMED ON THIS FORM WILL BE ALLOWED TO PICK UP YOUR CHILD, without you, the parent/guardian, calling the school first. Proper identification (Driver's License) will be required.

**PARENT/GUARDIAN NAMES:** \_\_\_\_\_ (Please Print)

\_\_\_\_\_ (Please Print)  
*Parents listed above will be included on the pick up list automatically.*

**STUDENTS NAME(s)** (List all children this form applies to. If you have a child that has different pick up requirements, please fill out an additional form)

### INDIVIDUALS AUTHORIZED TO PICK UP MY/OUR CHILD

Name of Pickup Person	Phone Number
Relationship to Student	Special Pickup Days or Instructions
Name of Pickup Person	Phone Number
Relationship to Student	Special Pickup Days or Instructions
Name of Pickup Person	Phone Number
Relationship to Student	Special Pickup Days or Instructions
Name of Pickup Person	Phone Number
Relationship to Student	Special Pickup Days or Instructions

### INDIVIDUALS NOT AUTHORIZED TO PICK UP MY/OUR CHILD

Name of Unauthorized Person(s) _____ _____	Please note that any parent who has legal custody (either shared or full) shall have legal authorization to pick up the child unless legal documents to the contrary are presented to the school.  DOCUMENTS ON FILE:    ____ YES    ____ NO
Relationship to Student:	

By filling out this form you authorize Maranatha Christian Academy to release your child to any authorized persons listed.

Parent/Guardian Signature	Date
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# Student Medical Release/Emergency Contacts

## 2018-2019

Student Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Emergency Contact Numbers: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_  
 Name \_\_\_\_\_ Name \_\_\_\_\_ Name \_\_\_\_\_

### MEDICAL INFORMATION

Check the appropriate box if your student has or has ever had any of the following medical conditions. Please explain under remarks.

- |                           |                            |  |
|---------------------------|----------------------------|--|
| ____ 1. Allergies         | ____ 5. Epilepsy           | ____ 9. Dizziness or Fainting            |
| ____ 2. Asthma            | ____ 6. Hay Fever          | ____ 10. Physical Handicap               |
| ____ 3. Bee/Wasp Reaction | ____ 7. Heart Trouble      | ____ 11. Respiratory Problems            |
| ____ 4. Diabetes          | ____ 8. Penicillin Allergy | ____ 12. Any Medical Problems not listed |

Remarks: \_\_\_\_\_

Does your child take prescribed medication regularly? Yes \_\_\_\_ No \_\_\_\_ If so, what medication? \_\_\_\_\_

Will your child require an epi-pen or asthma inhaler on site? \_\_\_\_Yes \_\_\_\_No. If, YES, please provide one to keep on site at school. If medication is taken at school, please provide medications and any instructions we need to know about administering this medication. \_\_\_\_\_

Is MCA authorized to give OTC medications?  Yes  No If so, then check all that are approved: \_\_\_\_Ibuprofen  
 \_\_\_\_Acetaminophen \_\_\_\_Tums \_\_\_\_Pepto-Bismol

### EMERGENCY CONTACTS

The people listed below have authority to be contacted regarding the above named student in the event a parent/guardian cannot be reached. Please include non-custodial parent(s) and daycare provider if applicable. Contact must be 18 or older.

Last Name	First Name	Relationship to Student	Home #	Cell#	Other Phone #

In case of an emergency, we will provide this information to the hospital or physician on call.

Student's Physician: \_\_\_\_\_ Ph: \_\_\_\_\_ Dentist: \_\_\_\_\_ Ph: \_\_\_\_\_

### PARENT/GUARDIAN RELEASE

As the parent/legal guardian of the above named minor, I authorize representatives of Maranatha Christian Academy to administer the medication mentioned above. In the event I cannot be reached, I authorize a representative of Maranatha Christian Academy to consent to any X-ray examination, anesthetic, medical, dental, or surgical treatment which will aid the hospital and/or health care practitioner in making a diagnosis and providing emergency treatment for my child. I agree to be financially responsible for all costs and fees incurred in the emergency treatment provided to my child, including, but not limited to, emergency medical transportation deemed necessary by the attending staff, adult, paramedic, or healthcare practitioner. I understand that every reasonable effort will be made to contact me before these actions are taken.

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

\_\_\_\_\_  
 Printed Name



# Student Record Release Authorization

## 2018-2019

Please fax or mail to:  
P.O. Box 877  
Oakwood, GA • 30566  
770-536-6334 • Fax: 770-531-9625

The following student has expressed an interest in attending Maranatha Christian Academy. Please return this form and the following information to the school Registrar at the above address.

**Student Applicant ~ Please print**

\_\_\_\_\_  
Student Birthday

\_\_\_\_\_  
Previous School Grade Last Attended

\_\_\_\_\_  
Street Address City State Zip

\_\_\_\_\_  
Phone # Fax #

**Parent/Guardian ~ Please print**

*I certify that I am the parent or legal guardian of the above-named student.*

\_\_\_\_\_  
Parent/Guardian Signature Date

**Student Records Needed:**

- Academic Records
- Birth Certificate
- Health Records
- Achievement Tests or Achievement Test Summaries
- Diagnostic Testing Summaries
- Significant Discipline or Behavior Difficulties
- Psychological Evaluations
- Recommendation for Remediation
- Record of Remediation and Resulting Summary
- Special Education, IEP