



MIAMI CHRISTIAN SCHOOL
 200 N. W. 109 Avenue / Miami, Florida 33172
 Phone (305) 221-7754 www.miamichristian.org

FOR OFFICE USE ONLY:

Date received _____
 Appl. fee paid _____
 Tested on _____
 Interviewed _____
 References rec'd _____
 L.O.A. sent _____
 Transcript req. _____
 Transcript rec'd. _____
 Waiting Pool _____
 Rejected _____

ELEMENTARY/MIDDLE SCHOOL APPLICATION

PERSONAL INFORMATION

Student's Name (Last) _____ First _____ M.I. _____
 Student's Social Security Number: _____
 Address _____ City _____ St _____ Zip _____
 Home Phone _____ Referred by: _____

Sex: ___ M ___ F Date of Birth ____/____/____ Birth Place _____	NON-IMMIGRANT Citizenship _____ INS Status _____	Names and ages of brothers and sisters: _____ _____ _____	Grade last attended ____ Grade entering ____ Any grade repeated ____
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FAMILY INFORMATION

Father's Name _____ Spouse's Name _____ Address _____ (if not the same as the student) _____ Work Phone _____ Cell _____ Occupation _____ Employer _____ Please check if any of the following apply: ___ Custody ___ Joint custody ___ No custody right ___ Financially responsible College Ed _____ yrs Level of Education _____	Mother's Name _____ Spouse's Name _____ Address _____ (if not the same as the student) _____ Work Phone _____ Cell _____ Occupation _____ Employer _____ Please check if any of the following apply: ___ Custody ___ Joint custody ___ No custody right ___ Financially responsible College Ed _____ yrs Level of Education _____
Family Church _____ How often does applicant attend church? ___ weekly	Address _____ ___ monthly ___ quarterly ___ holidays

Person or persons with whom the student lives (if other than parents) _____
 Address _____
 Phone _____ Wk phone _____ Cell phone _____

ACADEMIC HISTORY

List, in chronological order, all schools attended, beginning with the most recent first and including kindergarten.

Dates	Grades	School	Address

1. Academic awards or honors earned:

2. Ever dismissed from or suspended from any school? yes no If yes, explain

3. Would your child need assistance and/or modifications to the school's programs and services in order to fully participate in the programs? Circle Yes or No

Any request for assistance must be made to the Learning Resource Director.

PERSONAL RESPONSES

PLEASE ANSWER THE FOLLOWING QUESTIONS AS COMPLETELY AND HONESTLY AS POSSIBLE

1. What is your definition of a Christian?

2. Based on this definition, are both parents Christians?

Father _____

Mother _____

3. How or from whom did you learn about Miami Christian School?

4. What led you to specifically choose Miami Christian School for your child?

5. Are you applying for the admission of all your children of our school age? ___ Yes ___ No If not, why?

6. What do you consider some of your child's strongest personality traits? (i.e., well behaved, poised, responsible, congenial, reticent, temperamental, aggressive, domineering, fearful, etc.)

REFERENCES

Please supply names, addresses and phone numbers for the following:

A. A **classroom teacher** who taught your child during the most recent school year

Name _____

Address _____

Phone Number _____

B. A **pastor or youth pastor** who can comment on your child's spiritual condition

Name _____

Address _____

Phone Number _____

C. **Another adult**, such as a coach, scoutmaster, or family friend, who knows your child and has had contact with him/her in situations outside of a classroom.

Name _____

Address _____

Phone Number _____

In making this application, I understand that, should my child be accepted for admission, I agree to comply with the following:

1. My child will be expected to participate in all scheduled field trips and other curricular activities.
2. My cooperation and support is expected in the discipline of my child at school and at all school-sponsored events.
3. My cooperation is expected in: (a) regular tuition payment, (b) practical help, (c) faithful prayer and (d) special gifts.
4. While enrolled, the school reserves the right to dismiss any student who exhibits behavior which is inconsistent with the spiritual, educational and conduct standards of Miami Christian School as explained in the student handbook, without refunding tuition fees paid to date.
5. School officials are authorized to secure emergency medical treatment for my child should he/she become seriously ill or injured and the parents cannot immediately be reached.
6. The non-refundable application/testing fee is due with this application.
7. Immunization form 680 & Physical Form 3040 plus birth certificate are required before beginning school.
8. All fees are non-refundable (see enrollment form)

Signature of both parents is preferred; one will be accepted.

Father _____ Mother _____

