

## Admission

1. Obtain a student enrollment packet from the school office (*application, medical form, fee schedule, elementary calendar or middle/high school calendar*).
2. Read all material and sign where needed.
3. Submit the application, statement of cooperation, standard of conduct form and registration fee to the school office. (Should a student not be accepted by the school the registration fee will be refunded)
4. Submit an official transcript from the school in which the student is presently enrolled.
5. Schedule an interview with the administration and/or admissions committee. The student and at least one parent/guardian must be present.
6. Take entrance/placement test. (If deemed necessary by the administration)
7. Parents will then be notified by the administration if the student is accepted or not.
8. Transfer students in grades 10-12 will be required to meet the following criteria to be considered for enrollment:
  - Must have maintained a "C" average with no failing grades at the previous school for the most recent semester.
  - Must submit two letters of reference: one from the family pastor and one from an official from the previous school such as principal, counselor or teacher.All transfer students must be in good standing (academically and otherwise) with the school from which they transfer.
9. When home school students transfer into MCCA there are certain requirements that must have been followed.
  - a. The student must have been enrolled in a home school governing body that was in charge of curriculum or was taking an approved home school curriculum from an agency that offers home school materials.
  - b. We will not take a 9th-12th grade home school student that has been home schooled on a free lance system with no accountability.
10. Students presently attending MCCA will be given re-enrollment preference until February 28 of each year.
11. New students will be provided the opportunity to register for enrollment in MCCA beginning on the first business day of March each year.
12. Student admissions are conditional. All new students are admitted on probation for the first six weeks. If a student fails to make progress adjusting to our program, parents should find a school better suited for him/her.



# MT. CALVARY CHRISTIAN ACADEMY

## Enrollment Application

532 East Main Street Hookerton, NC 28538  
252-747-8111

FOR OFFICE USE ONLY  
\_\_\_\_ App. Rec.  
\_\_\_\_ Reg. Paid  
\_\_\_\_ Interview  
\_\_\_\_ Accepted  
\_\_\_\_ Tran. Req.  
\_\_\_\_ Tran. Rec.

Enrollment Year \_\_\_\_\_

Grade \_\_\_\_\_

### STUDENT INFORMATION

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_

Street \_\_\_\_\_ Gender \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Father \_\_\_\_\_ Living in home? Yes \_\_\_ No \_\_\_

Mother \_\_\_\_\_ Living in home? Yes \_\_\_ No \_\_\_

Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Email Address \_\_\_\_\_ Phone # for school closing notifications \_\_\_\_\_

### EMERGENCY INFORMATION

Emergency Contact (other than parent) \_\_\_\_\_ Phone \_\_\_\_\_

Father's Work \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Work \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### CHURCH AFFILIATION

Are student's parents actively attending and supporting Mt. Calvary Free Will Baptist Church? Yes

\_\_\_\_ No \_\_\_\_

If no, church you are now attending \_\_\_\_\_ Members? Yes \_\_\_ No \_\_\_

Are you a Christian? Father \_\_\_\_\_ Mother \_\_\_\_\_ On what do you base your assessment? \_\_\_\_\_

Who recommended you to MCCA? \_\_\_\_\_

Why do you wish to send your child/children to MCCA? \_\_\_\_\_

Will your child be staying in aftercare (3:15-5:30)? Yes \_\_\_\_\_ Until \_\_\_\_\_ No \_\_\_ Occasionally \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

List any regular medications taken by your child \_\_\_\_\_

List other health related issues, if applicable:

1. Allergic to bee stings \_\_\_\_\_ 4. Seizures \_\_\_\_\_

2. Diabetes \_\_\_\_\_ 5. Other \_\_\_\_\_

3. Respiratory problems \_\_\_\_\_ 6. Other \_\_\_\_\_

In an emergency, and the parent or guardian is unavailable, I hereby give permission to our family physician or attending emergency room physician to secure proper treatment for my child/children.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

**ACADEMIC INFORMATION**

If your child is transferring, list name and address of last school attended \_\_\_\_\_

Has applicant ever failed a grade? \_\_\_\_\_ If so, grade repeated \_\_\_\_\_

Has applicant ever been suspended or expelled from school? \_\_\_\_\_ If so, why? \_\_\_\_\_

Has applicant ever been arrested or appeared before a court of law? \_\_\_\_\_ If so, explain \_\_\_\_\_

List in order all of the schools attended, including nursery and/or kindergarten. Please include complete addresses with zip codes.

<u>Dates</u>	<u>Grades</u>	<u>Name of School</u>	<u>Address</u>

**BILLING INFORMATION**

Circle the person responsible for the school account: Father Mother Other \_\_\_\_\_

If other, complete this section:

Name \_\_\_\_\_

Street \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

A registration fee must be paid with each student application submitted. This fee is non-refundable unless the student is not accepted. This is an annual fee.

There is a Student Resource Fee for each grade that covers the cost of all expendable books and the use of all hardback books. This fee also covers keyboarding, computer, science lab and music fees as well as a yearbook. This fee is due by October 1<sup>st</sup> of each year.

There is a yearly tuition fee which may be paid in three different ways. 1) You may pay in full before the 1<sup>st</sup> day of school and receive a 5% discount. 2) You may pay by the semester (August 15<sup>th</sup> and January 15<sup>th</sup>) and receive a 2% discount. 3) You may pay 10 monthly payments by bank draft on the 5<sup>th</sup> or 20<sup>th</sup> of each month (September –June).

**Please circle the payment plan of your choice:** Yearly Semester Monthly Bank Draft (\$38 annual fee applies)

There will be a \$25.00 charge for all returned checks. If three checks are returned for insufficient funds within one school year, future transactions will have to be made by cash, money order, or certified check.

Should a student withdraw or be dismissed during the school year, he will be charged the full month’s fee for the month he withdrew or was dismissed. Should a student enter school during any part of the month, the payments will be prorated so that the fair amount of tuition is paid.

No transcripts will be forwarded to another school nor will report cards be given out to any student whose account is delinquent. No student will be allowed to participate in graduation whose account is not paid. In making application for my child, it is my desire to have him/her attend the 20\_\_-20\_\_ school year. I also give my permission for my child to take part in all activities, including sports, and school sponsored trips away from the school premises, and absolve the school from liability to me or my child because of any injury to my child at school or during any school activity. In case of serious illness, I request the school to contact me.

I have read the above statement of co-operation and do promise to abide by it as long as my child/children attend Mt. Calvary Christian Academy. I understand and agree to the financial obligations mentioned above.

Father’s Signature \_\_\_\_\_ Mother’s Signature \_\_\_\_\_

Mt. Calvary Christian Academy & Daycare

Children's Medical Report

NAME OF CHILD \_\_\_\_\_ Age \_\_\_\_\_ BirthDate \_\_\_\_\_

Social Security \_\_\_\_\_

Name of Parent \_\_\_\_\_ Address \_\_\_\_\_

Medical History

1. Previous hospitalization: If so, what? \_\_\_\_\_

2. Is child allergic to anything? If so, what? \_\_\_\_\_

3. Any previous diseases or illness? If so, what? \_\_\_\_\_

4. Any operations? If so, what? \_\_\_\_\_

5. Any physical handicaps? If so, what? \_\_\_\_\_

6. Is child under the care of a doctor? If so, for what reason? \_\_\_\_\_

7. Any history of mental retardation? No \_\_\_\_\_ Yes \_\_\_\_\_

8. Any history of convulsion? No \_\_\_\_\_ Yes \_\_\_\_\_

9. Any history of heart trouble? No \_\_\_\_\_ Yes \_\_\_\_\_

Parent's Signature \_\_\_\_\_

**PHYSICAL EXAMINATION**

**(Must be completed & signed by examining physician)**

**Name of Child** \_\_\_\_\_

**Weight** \_\_\_\_\_ **Height** \_\_\_\_\_ **Heart** \_\_\_\_\_ **Chest** \_\_\_\_\_ **Throat** \_\_\_\_\_

**Neck** \_\_\_\_\_ **Abdomen** \_\_\_\_\_ **GU** \_\_\_\_\_ **Ext.** \_\_\_\_\_

**Neurological System** \_\_\_\_\_

**Teeth** \_\_\_\_\_ **Skin** \_\_\_\_\_ **Head** \_\_\_\_\_ **Eyes** \_\_\_\_\_ **Ears** \_\_\_\_\_

**Results of TB test given: Type** \_\_\_\_\_ **Results** \_\_\_\_\_

**Should activities be limited?** \_\_\_\_\_

**Physician Signature** \_\_\_\_\_

**Date** \_\_\_\_\_