



APPLICATION FOR ADMISSION

PARENT / GUARDIAN INFORMATION

Information given in this section should be about the parents/guardians at child's primary residence

Name:			
	Last	Father First	Mother First
DOB:			Primary Phone:
	Father	Mother	Secondary Phone:
Address:			
	Street	Apt/Unit #	
Email:	City		Zip Code

Email of parent(s) planning on attending MCA. If both parents planning on attending, please provide both email addresses.

STUDENT/CHILDREN INFORMATION

Please include all minors living in the household, including infants.

Name	DOB

Will all of the children listed above be homeschooled? **Y** or **N** If no, please explain:

Special needs for your children/family:

Food Allergies: (list child and food)

Are you expecting? **Y** or **N** Due Date:

FAMILY INFORMATION

List any joint custodial parents: _____

Church Currently Attending: _____ No of yrs: _____

Address: _____

Other Co-Ops Attended: _____

Dates Attended: _____ Contact info: _____

Please indicate why you want to enroll your family in MCA:

ABILITIES / GIFTS / INTERESTS / TALENTS

MCA is a parent led cooperative, each parent will be assigned a role. Please put a check before all areas of interest:

☐ Nursery ☐ Toddler ☐ Preschool ☐ Kindergarten ☐ 1st/2nd Grade ☐ 3rd/4th Grade ☐ 5th/6th Grade ☐ Jr High
☐ High School ☐ History ☐ Science ☐ Art ☐ Music ☐ Upper Level Writing ☐ Upper Level Math ☐ Upper Level Science
☐ Foreign Language ☐ Snacks ☐ Safety ☐ Field Trips ☐ Yearbook
Other: _____

Are you certified in CPR? **Y** or **N**

Please list any other skills, gifts, abilities or notes you would like to share:

We/I affirm that all information contained in this application is, to the best of my/our knowledge, true and accurate. We/I acknowledge that providing false, misleading, or evasive answers will be sufficient grounds for rejection of this application and/or subsequent dismissal of my/our family from MCA. Submitting this application does not guarantee admission into MCA or assign class placement. We/I understand that by signing this document, we/I are consenting for MCA to run background check on primary parents/guardians of potential MCA students.

Signature of Father/Guardian

Date

Signature of Mother/Guardian

Date

- ***This application must be submitted with a one time nonrefundable \$25 Application Fee per parent/guardian planning on attending MCA. Application fee is not applied toward tuition.***
- ***After submitting application, you will receive an email from I-Verified regarding background check. Please complete steps listed in email. Application will not be considered for admission without completed background check.***
- ***Application can be mailed with Application Fee to : Magnolia Christian Academy of the Ozarks***

1117 W Woodhaven St. Springfield MO, 65810