



## 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	Grade for Upcoming Year

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

Are you interested in teaching? **Y** or **N**

If yes, please check areas of strengths/interests: (check all that apply) ☐Science ☐History ☐Art ☐Music ☐Other \_\_\_\_\_  
☐Nursery ☐Toddlers ☐Preschool ☐Kindergarten ☐1st Grade ☐2nd Grade ☐3rd grade ☐4th Grade ☐5th Grade ☐6th Grade

Please check areas you are willing/interested to assist with: (check all that apply) ☐Teaching Assistant ☐Snacks ☐Crafts  
☐Office ☐Work Security (CCW License? Y or N) ☐Music Assistant ☐Art Assistant ☐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. 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 nonrefundable \$25 Application Fee per parent/guardian planning on attending MCA.***
- ***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***