



PRESCHOOL
FULL DAY

*Application for
Admission*



APPLICATION FOR ADMISSION

(Please include application fee)

TODAY'S DATE _____/_____/_____

SCHOOL YEAR _____/_____

Grade Applying: (please check the appropriate box)

- Infant Toddler Twos (2 by Sept 1)
- Threes (3 by Sept 1) Fours (4 by Sept 1)

Name of Applicant _____

LAST NAME FIRST NAME MIDDLE NAME PREFERRED NAME

Birthdate _____/_____/_____ Male Female Birthplace _____

MONTH DATE YEAR

Address _____

STREET CITY STATE ZIP CODE

SUBDIVISION COUNTY HOW MANY YEARS AT THIS ADDRESS

Primary Phone _____ Listed Unlisted

Current School _____ to _____

NAME CITY STATE COUNTRY YEAR YEAR

Previous School _____ to _____

NAME CITY STATE COUNTRY YEAR YEAR

Previous School _____ to _____

NAME CITY STATE COUNTRY YEAR YEAR

Most frequently viewed e-mail address _____

- Nationality African American American Indian Asian/Pacific American Caucasian Latino/Hispanic
- Middle Eastern Multiracial Other _____

Sibling Name(s) Age Grade Current School Applying to Mount Pisgah?

Parents are: Residing Together Divorced Separated Mother - Deceased Father - Deceased

Custody (if applicable): Father Mother Joint

Father Stepfather Guardian Other Mother Stepmother Guardian Other

MR., DR. NAME

MRS., MS., DR. NAME

HOME ADDRESS (IF DIFFERENT FROM ABOVE)

HOME ADDRESS (IF DIFFERENT FROM ABOVE)

HOME PHONE (IF DIFFERENT FROM ABOVE)

HOME PHONE (IF DIFFERENT FROM ABOVE)

CELL PHONE

CELL PHONE

EMPLOYER BUSINESS PHONE

EMPLOYER BUSINESS PHONE

POSITION/OCCUPATION

POSITION/OCCUPATION

BUSINESS STREET ADDRESS CITY STATE ZIP

BUSINESS STREET ADDRESS CITY STATE ZIP

GRANDPARENT(S) NAME(S)

GRANDPARENT(S) NAME(S)

STREET ADDRESS CITY STATE ZIP

STREET ADDRESS CITY STATE ZIP

How did you hear about Mount Pisgah Christian School? website church members friends
 advertisements other

Religious Affiliation Current Church Membership

Has the applicant ever attended a school or program designed for students who have academic or other needs (such as programs for the gifted, special learning, etc.)? If so, please describe.

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Has your son/daughter undergone educational evaluation or received professional, psychological or personal counseling? If yes, please explain.

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Please indicate any ongoing medical conditions and describe their usual treatment. This may include special diets, prescriptions or limitations on normal activities.

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Does your son/daughter take any medication on a regular basis? If yes, please specify medicine and dosage.

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Has the applicant undergone evaluations/interventions outside of the school setting (including, but not limited to: occupational therapy, speech and language therapy, learning specialist)? If yes, please explain.

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Please send: Newsletter & Invitations Mailings E-mail No Mail

Party responsible for tuition (if other than parent)

Relationship

STATEMENT OF ACCURACY AND AUTHENTICITY:

I have read and understood this application, and I further certify that the information and attached documents are complete and accurate to the best of my knowledge. I agree to communicate in writing any changes contained herein even if said changes occur after enrollment. I understand that upon discovery of substantial inaccuracy or omission of information requested therein, the school reserves the right to reconsider the admission of this applicant.

Signature of Parent/Guardian Date