



KINDERGARTEN – 5TH GRADE

*Application for
Admission*



QUICK FACTS

This mission of Mount Pisgah Christian School is to provide students an outstanding college-preparatory education grounded in Christian faith and values.

Mount Pisgah Christian School Core Values

Unity

Excellence

Christ-Focused

Accountability

Integrity

Accreditations and Affiliations

Southern Association of Colleges and Schools (SACS)

Georgia Independent School Association (GISA)

Southern Association of Independent Schools (SAIS)

Atlanta Area Association of Independent Schools (AAAIS)

Georgia Preschool Association

Georgia Middle School Association

National Council of Teachers of Math

National Council of Teachers of English

Georgia High School Athletic Association (GHSA)

Annual Tuition

Tuition payments may be made annually, quarterly or monthly.

Annual tuition is subject to change as approved by the Board of

Trustees. Financial assistance is available to qualified families.

For more information call the Office of Admission at 678.336.3443 or

visit our website at www.experiencepisgah.org

All admission forms are available on the website.



CHECKLIST FOR APPLICATION PROCESS

APPLICATION DEADLINE: FEBRUARY 28

LOWER SCHOOL APPLICATIONS:

COMPLETED DATE

- Attend Lower School Tour
- Submit completed application and application fee of \$125
- Submit AAAIS Confidential Common Teacher Evaluation Form and Transcript Release Authorization Form to child's current school
- Schedule screening for Grades K-3, screening and interview for Grades 4-5
- Family Interview
- Submit immunization and eye/ear/dental forms

MIDDLE SCHOOL APPLICATIONS:

COMPLETED DATE

- Attend Middle School Tour
- Submit completed application and application fee of \$125
- Submit AAAIS Confidential Common Teacher Evaluation Form and Transcript Release Authorization Form to child's current school
- Schedule Interview
- Sign child up for SSAT (more info at www.ssat.org)
- Family Interview
- Submit immunization and eye/ear/dental forms

UPPER SCHOOL APPLICATIONS:

COMPLETED DATE

- Attend Upper School Tour
- Submit completed application and application fee of \$125
- Submit AAAIS Confidential Common Teacher Evaluation Form and Transcript Release Authorization Form to child's current school
- Schedule Interview
- Family Interview
- Sign child up for SSAT (more info at www.ssat.org)
- Submit immunization and eye/ear/dental forms

For school information, please visit our website at www.experiencepisgah.org

**All admission forms are available on the website.



PARENT/GUARDIAN QUESTIONNAIRE

Applicant's Name Applying for grade
Name of person(s) filling out form
Today's date

1. What qualities of character and mind in your son/daughter most delight you?

.....
.....
.....
.....

2. What do you believe your son/daughter will contribute to the school community?

.....
.....
.....
.....

3. What has posed the biggest academic and/or extracurricular challenge for your child?

.....
.....
.....
.....

4. Is there anything about the sequence of your child's schooling that we should know? Did your son or daughter ever skip or repeat a year? Was your son or daughter ever asked to withdraw from school, suspended or placed on probation?

.....
.....
.....
.....



PARENT STATEMENT OF AGREEMENT

I understand and agree to the following conditions from the MPCS Family Handbook:

1. I understand that Mount Pisgah Christian School is not a covenant school; however, I agree that Christian education is a cooperative undertaking among the school, parents and student. Therefore, the mission, policies and educational philosophy of Mount Pisgah Christian School will receive our support and that of our son or daughter at and away from school. The lack of such support may be grounds for not being permitted to re-enroll and, in extreme cases, for dismissal from school according to school policies.
2. We agree as parents to maintain for our son or daughter an environment away from school which is compatible with the school, especially in the area of moral standards.
3. We understand that if our child uses or possesses illegal drugs, alcohol or tobacco products at or away from school that he or she may be dismissed from school or subjected to other disciplinary measures.
4. Students are admitted for one year at a time, and the school reserves the right of suspension or dismissal for cause at any time during the school year. Any pupil who persistently neglects work, who fails to meet academic standards, who exercises poor citizenship or who fails to cooperate may be asked to withdraw from school.

.....
Signature of Both Parents/ Guardians

.....
Date



9820 Nesbit Ferry Road, Johns Creek, GA 30022
p 678 336 3443 www.experiencepisgah.org



STUDENT STATEMENT OF AGREEMENT

Mount Pisgah Christian School strives to provide an atmosphere in which students develop intellectually, socially and spiritually. In an effort to create this atmosphere, values are taught, learned and practiced every day. Students are expected to behave with honor at all times. We encourage and foster honorable behavior by making clear that there will be no lying, stealing, cheating, plagiarizing or condoning the behavior of those who do.

I understand the following conditions of admission from the MPCS Family Handbook:

1. If admitted, I will not lie, cheat, steal, plagiarize or tolerate those who do. As a student of Mount Pisgah Christian School, I will do my utmost to assure the effective operation of the Honor Code.
2. Mount Pisgah Christian School forbids the use of alcohol, tobacco and illegal drugs by students both on and off campus. Possession or use of alcohol, tobacco or illegal drugs on or off campus will be grounds for dismissal or other disciplinary measures.
3. My education is a cooperative undertaking among the school, my parents and me. I agree to support the mission, policies and educational philosophy of Mount Pisgah Christian School on and away from campus.
4. I authorize Mount Pisgah Christian School to contact current and previous schools or other sources to obtain information to support this application. I agree not to seek access to confidential recommendations or evaluation materials provided by previous schools, administrators, counselors, pastors or other sources before or after admission.

I have read and reviewed this statement and will support school policies if I am admitted to Mount Pisgah Christian School.

.....
Parent/Student Signature

.....
Date

*Mount Pisgah Christian School
admits students of any race, color, sex, national and ethnic origin to all rights, privileges, programs and activities
generally accorded or made available to students at the school. We do not discriminate on the basis of race, color, sex or
national origin in athletic and other school-administered programs.*



9820 Nesbit Ferry Road, Johns Creek, GA 30022
p 678 336 3443 www.experiencepisgah.org



TRANSCRIPT RELEASE AUTHORIZATION

Instructions to Parents:

Please complete the top portion of this form and ask your school to mail your child's complete transcript to Mount Pisgah Christian School along with the enclosed evaluation forms.

Student's Name Applying to Grade

LAST

FIRST

NAME CALLED BY

Current School School Phone

Address

I, the undersigned, authorize you to release to Mount Pisgah Christian School my child's certified copy of the complete transcript **(including grades, credits, all standardized test results, discipline records and immunizations.)** I also authorize you to send all end-of-year scores immediately upon availability. I understand that the evaluation becomes the confidential property of the school and is not subject to parental review.

Signature of Parent or Legal Guardian Date



9820 Nesbit Ferry Road. Johns Creek, GA 30022
p 678 336 3443 www.experiencepisgah.org



9820 Nesbit Ferry Road, Johns Creek, GA 30022
p 678 336 3443 www.experiencepisgah.org



TEACHER EVALUATION FORM KINDERGARTEN

9820 Nesbit Ferry Road, Johns Creek, GA 30022
p 678 336 3443 f 678 868 1555 www.experiencepisgah.org

DIRECTOR OR TEACHER: Your candid appraisal of this child will be of invaluable assistance in giving us a complete and fair evaluation of this applicant. We appreciate your cooperation. Your evaluation will be held in strict confidence.

Child's Name
Applicant's current school
Address of current school
Telephone

Please circle those terms that apply, and comment if needed:

Social development: Plays with others Plays alone Takes the lead
Stands up for rights Follows Exhibits independence
Follows rules Shares Responds positively to correction
Separates well from parents Demands fair share Initiates activity
of teacher attention

Emotional development: Angry Controlled Content Withdrawn Confident
Aggressive Nervous Shy Receptive Hostile
Flexible Happy Defiant Even Tempered Adaptable

Work Habits: Works independently Works in a group Follows directions
Focuses Listens Completes tasks
Is distractable Is persistent Drifts
Organizes Inattentive Squirmy, restless
Excitable Disturbs others Difficulty remaining seated
Difficulty waiting turn

Non-verbal development: Attention to details Spatial awareness Interests in puzzles
Recognition of patterns Classify by shape Classify by size
Classify by color Directionality and orientation

Please comment

Areas in which the child excels



TEACHER EVALUATION FORM KINDERGARTEN

Areas in which the child has the greatest needs

.....

.....

Additional comments

.....

Using the following code, please indicate the student's performance in each of the areas listed:

- | | |
|----|---------------|
| 1. | Outstanding |
| 2. | Above average |
| 3. | Average |
| 4. | Below average |

SOCIAL/EMOTIONAL DEVELOPMENT

Interaction with adults

Interaction with peers

Play behavior

Self-help/independence

Self-confidence

Self-control

Respect for others

LANGUAGE/COMMUNICATION SKILLS

Speaks in complete sentences

Uses appropriate vocabulary

Articulates words

Follows directions

Sequences events

Responds appropriately
during group activities

PHYSICAL DEVELOPMENT

Gross motor (balance, movement
through space)

Fine motor (hand-eye coordination,
zips, buttons, cuts, stacks, etc.)

ATTITUDE TOWARD SCHOOL

Eager to learn

Curious

Observant

Creative

Please circle those parental support terms that apply:

- | | | |
|---|---------------------------------|-------------------------|
| Are cooperative | Follow through with suggestions | Interested in education |
| Have realistic picture of child's ability | Value child's uniqueness | |

.....
SIGNATURE OF PERSON COMPLETING ASSESSMENT

.....
TITLE

.....
DATE



Atlanta Area Association of Independent Schools (AAAIS)

CONFIDENTIAL TEACHER EVALUATION FORM

1ST – 5TH GRADE

Applicant's Name

Applying for Grade Age level Male Female

Applicant's Current School

Address of Current School

Telephone Number

To Parent/Legal Guardian: Please deliver this form to your child's teacher. The teacher will mail these forms directly to the Admission Office. By submitting this evaluation form and in consideration of having this evaluation and your application considered by the member of Atlanta Area Association of Independent Schools, you hereby release said member, its employees and representatives, the evaluator and the evaluator's employer from any and all claims and liability that may arise from the providing, obtaining or using the form and the substance of the information provided by the evaluator. *All information provided on the attached evaluation form will be held in strictest confidence and will not be shared with students, parents, or guardians. This evaluation will remain confidential and not become part of the student's permanent academic record.*

Signature of Parent or Legal Guardian Date

Evaluator, please fill out the following and if you would like to give additional information, please do so in the Comments section.

How long and in what capacity have you known the applicant?

ACADEMIC SKILLS	EXCELLENT	GOOD	FAIR	POOR/ LIMITED	NO BASIS FOR JUDGMENT
Critical/Abstract Thinking Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Determination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WORK SKILLS:

Class participation:	Joins in readily	Contributes occasionally	Wants to dominate	Rarely contributes
Ability to work in a group:	Consistently works well	Sometimes	Has difficulty	Has great difficulty
Ability to work independently:	Consistently works well	Needs help occasionally	Needs help frequently	Needs constant help
Completes assignments on time:	Consistently on time	Usually on time	Needs additional time	Has difficulty
Follows directions:	Easily and accurately	Occasionally needs help	Needs much explanation	Rarely
Takes initiative:	Always	Usually	Sometimes	Rarely
Attention span:	Actively engaged	Attentive	Variable attention	Requires frequent redirection
Fine motor skills:	Excellent	Good	Fair	Poor



Atlanta Area Association of Independent Schools (AAAIS)

CONFIDENTIAL TEACHER EVALUATION FORM

1ST – 5TH GRADE

SOCIAL SKILLS:

Peer relations:	Role model	Healthy relationships	Occasional problems	Relates poorly
Relationships with adults:	Courteous	Usually positive	Occasional problems	Shows little respect
Concern for others:	Very considerate	Considerate	Usually considerate	Rarely considerate
Attitude toward school:	Excellent	Good	Fair	Poor

ENGLISH/LANGUAGE ARTS	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	NO BASIS FOR JUDGMENT
Reading Comprehension					
Written Expression					
Grammar					
Composition					
Verbal Expression					

Names of textbooks and publishers:

MATH	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	NO BASIS FOR JUDGMENT
Knowledge of basic skills					
Ability to grasp new concepts					
Analytical ability					
Application of skills					

Math textbooks and publishers:

Areas in which the applicant has the greatest strengths:

.....

.....

Areas in which the applicant has the greatest needs:

.....

.....

Has the applicant ever been a recipient of a special services program, i.e. gift-ed, learning disability resource center, speech therapy, etc.? Yes No If yes, please explain:

.....

.....



Atlanta Area Association of Independent Schools (AAAIS)

CONFIDENTIAL TEACHER EVALUATION FORM

1ST – 5TH GRADE

Do you have any reason to question the applicant’s academic or personal integrity? (If applicable)

Yes No. If yes, please explain.

.....
.....

Please describe parental support/involvement:

.....
.....

PERSONAL QUALITIES:

Integrity	Highly trustworthy	Trustworthy	Usually trustworthy	Questionable
Warmth of personality	Always friendly	Usually friendly	Occasionally friendly	Rarely friendly
Sense of humor	Highly developed	Good	Fair humor	Poorly developed
Spirit of cooperation	Always cooperates	Cooperates	Occasionally cooperates	Poor cooperation
Citizenship	Excellent	Good	Fair	Poor
Attitude toward school	Excellent	Good	Fair	Poor
Self control	Excellent	Good	Fair	Poor
Leadership potential	Leader	Can follow or lead	Leads on occasion	Rarely leads
Self confidence	Healthy self-image	Needs some support	Seems over confident	Poor self-image
Reaction to criticism/setbacks	Excellent	Good	Fair	Poor
Responsible	Very responsible	Usually responsible	Sometimes responsible	Rarely responsible
Emotional maturity	Very mature	Age appropriate	Sometimes immature	Very immature

COMMENTS:

.....
.....
.....

Thank you for your time and evaluation of this applicant. May we contact you if we have questions?

Telephone:

Evaluator’s Signature

Evaluator’s Title

Date

Principal’s Signature

Date



9820 Nesbit Ferry Road. Johns Creek, GA 30022
p 678 336 3443 www.experiencepisgah.org