



MARINERS CHRISTIAN SCHOOL APPLICATION

Please
attach
student
photo
here.

Items #1-7 must be submitted along with each application. Applications will not be accepted without items #1-7.
Items #8-13 must be completed and submitted before the application is reviewed by the MCS Admission committee.

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| 1. JK-8th: Application with student photo attached | 8. 2nd-8th: Teacher Recommendation Form |
| 2. JK-8th: \$75 non-refundable application fee | 9. JK-1st: Teacher Questionnaire Form |
| 3. JK-8th: Copy of birth certificate | 10. 2nd-8th: Admission Test |
| 4. 1st-8th: Copy of recent report card | 11. JK-1st: Developmental Readiness Screening |
| 5. 1st-8th: Copy of standardized testing | 12. JK-8th: Parent Interview (MCS sibling exempt) |
| 6. JK-8th: Signed Statement of Faith | 13. JK-8th: Church reference form (MCS sibling exempt) |
| 7. JK-8th: Immunization Record | |

Nondiscriminatory policy: It is and shall be the policy and practice of Mariners Christian School in the admission of students or the hiring of employees not to discriminate on the basis of the applicant's race, color, sex, nationality, or ethnic origin. We do reserve the right to screen applicants on the basis of religious preference.

Information Concerning the Applicant: Grade for which applying: _____ Boy ___ Girl ___

Last Name: _____ First Name: _____

Middle Name: _____ Preferred Name: _____

Date of Birth: _____ Age: _____ Place of Birth: State: _____ Country: _____

Telephone: _____

Address: _____

City/State: _____ Zip: _____

Applicant resides with: Both Parents: ___ Mom: ___ Dad: ___ *Other (please explain): _____

Information Concerning the Parents:

Please indicate: ___ Father ___ Stepfather ___ Guardian

Last Name: _____ First Name: _____

Address: _____

City/State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Occupation: _____ Company: _____

Work Address: _____

Work Phone: _____ Dad's E-mail: _____

Please indicate: ___ Mother ___ Stepmother ___ Guardian

Last Name: _____ First Name: _____

Address: _____

City/State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Occupation: _____ Company: _____

Work Address: _____

Work Phone: _____ Mom's E-mail: _____

OFFICE USE ONLY

Date of Application: _____

App Fee Paid: ___ Yes ___ No

School Year: _____ Grade: _____

Sibling: _____ Sibling App: _____

Information Concerning Mailing:

Name of additional parent(s) to whom correspondence is to be sent (if applicable):

Name (Mr., Mrs., Dr., etc.): _____

Address: _____

City/State: _____ Zip: _____

Relationship to Student*: _____

Information Concerning the Applicant:

Has applicant previously applied to MCS? No Yes What year? _____

Any other name under which applicant has attended school?: _____

Please fill out the following information pertaining to the applicant's previous school attendance:

School Name	City & State	Grade(s)	# Years Attended
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Has applicant skipped any grades? No Yes If Yes, Which Grade: _____

If applicant has been retained, state what grade(s): _____

Has applicant been suspended or expelled? No Yes If Yes, Explain: _____

Current Individualized Education Program (IEP)? No Yes If Yes, Explain: _____

Has applicant been tested for any speech, language, physical, emotional, or learning disability?:

No Yes If Yes, Explain Briefly: _____

Please list any helpful information (i.e. honors, awards, special testing, traumas): _____

Agreement: We hereby state that the information on this application is true and accurate. We agree to pay required tuition according to the current Schedule of Tuition and Fees. It is understood that this is an application only and that space will not be reserved for our child until the enrollment process is completed and the registration fee is paid. We give our permission for MCS to obtain a recommendation from applicant's teacher.

Signed: _____ (Father/Guardian) Date: _____

_____ (Mother/Guardian) Date: _____

Family Profile

How did you hear about Mariners Christian School? (please check all that apply)

Friend (name): _____ Church (name): _____

Print Ad (source): _____ Preschool (name): _____

Internet (source): _____ Mops (where): _____

Radio (station): _____ Other (i.e., bumper sticker): _____

Optional: Please list any MCS family you would like to be contacted for a personal reference: _____

Explain why you would like your child to attend Mariners Christian School: _____

Please list all children in family (including applicant):

<u>Name</u>	<u>Age</u>	<u>Birthdate</u>	<u>Grade</u>	<u>School & Location</u>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If not applying for all children in your family eligible to attend our school, please state reasons:

Name of church parents attend: _____ How Long: _____

Pastor: _____ Church Phone: _____

Church Address: _____

City/State/Zip: _____

Are you members? ___ No ___ Yes

We attend church: ___ Occasionally ___ Regularly

Please list ministries in the church you are currently involved in that you are particularly excited about and tell why they are important to you: _____
