

OFFICIAL REGISTRATION

STUDENT INFORMATION

Surname (Father's) _____

Surname (Mother's) _____

Name(s) _____

Middle Name _____

Date of Birth ____/____/____
Month Day Year

Citizenship _____

Place of Birth _____

Gender : M F

Native or First Language English Spanish Korean Other

Last School attended: _____ From ____/____/____ To ____/____/____
Grade School Year Grade School Year

Rank in Family of this child (circle) 1 2 3 4 5 6

Natural Child _____ Adopted _____ Other _____

What is your religion? : _____

If applicable, to which denomination/church do you belong?: _____

In the case that your child or you are a family Christian, please answer this question:

Does your child know Christ as Savior? _____ If yes, indicate the date this happened _____

FAMILY ADDRESS

Street and building number: _____ City: _____

State/County: _____ Country: _____ ZIP: _____

Home Telephone: _____ Student Cellular: _____ Student Personal Email: _____

Expected student education level at MCCA:

- Elementary
- Middle School
- High School
- Graduation from actual grade to 12th
- Other : _____

Please read the following questions carefully before answering.

- 1) Has the student ever been referred for testing or placed in a special needs program? Yes ___ No ___
- 2) Has the student received any other special needs help or tutoring? Yes ___ No ___
- 3) Has the student ever repeated a grade for any reason? Yes ___ No ___
If so, which grade? _____ briefly explain: _____
- 4) Has your child received any honors or awards for academic achievement? Yes ___ No ___
Please list: _____
- 5) Has your child ever been suspended or expelled by a school? Yes ___ No ___
List school, date and briefly explain each instance _____

- 6) Has your child seen a counselor/doctor/psychiatrist for social, behavioral, or mental problems? Yes ___ No ___
If yes, briefly state the nature of the problem and current diagnosis: _____

- 7) Has your child ever been examined or treated by a counselor/doctor/psychiatrist for hyperactivity or attention deficit disorder? (ADD or ADHD) Yes ___ No ___
If yes, briefly explain: _____
- 8) Do you suspect or has your child been diagnosed with any learning disability? Yes ___ No ___
If yes, briefly explain: _____
- 9) Has your child ever been involved in legal problems or arrested? Yes ___ No ___
If yes, briefly explain: _____

STUDENT HEALTH INFORMATION

Weight: _____ Height: _____ Sport practice after school : _____ Unclear _____

Allergies : _____ Blood Type _____ Drug Allergy : _____

Comments: _____

Any chronic condition of which we need to be aware : _____

List any medications or treatment currently being taken : _____

MCCA does not administer medication to students without authorization.

Please be sure to be available in case we need to contact you during school hours.

WHO IS AUTHORIZED TO PICK UP YOUR CHILD?

Person #1 : _____ Relationship: _____

Cellular : _____

Person #2 : _____ Relationship: _____

Cellular : _____

Person #3 : _____ Relationship: _____

Cellular : _____

TRANSPORTATION INFORMATION

Driver Name: _____ Cellular : _____

Company : _____ Telephone: _____

Contact Name: _____ Cellular : _____

Please inform us in the case that your transportation service makes a change.

1) PARENT INFORMATION (FATHER)

Parent's Full Name _____

Native or First Language English Danish Korean Other

Citizenship _____

Professional Degree or Career

Company or Business Name

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Job Title /Position

--

Office Phone

--

Home Phone

--

Cell Phone

--

Email

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Marital Status: Single Married Separated Divorced Other
 1st Marriage 2nd Marriage

What is your religion?: _____

If applicable, to which denomination/church do you belong? _____

Number of child(ren)

1 2 3 4 5 6 Specify: Girls _____ Boys _____

Natural Child _____ Adoption _____ Other _____

PARENT INFORMATION (MOTHER)

Parent's Full Name _____

Native or First Language English Spanish Korean Other

Citizenship _____

Professional Degree or Career _____

Company or
Business Name

Job Title /Position

Office Phone

Home Phone

Cell Phone

Email

Marital Status: Single Married Separated Divorced Other

1st Marriage 2nd Marriage

What is your religion?: _____

If applicable, to which denomination/church do you belong?: _____

Number of child(ren)

1 2 3 4 5 6 Specify: Girls ____ Boys ____

Natural Child ____ Adoption ____ Other ____

CITY CHRISTIAN ACADEMY NETWORK STRONG EDUCATIONAL FOUNDATION S,C, AGREEMENT

With my signature, I do certify the provided information above is true and correct to the best of my knowledge.

Furthermore, I do verify that:

1. I have read and do understand the MCCA policies and guidelines.
2. I and my child pledge to wholeheartedly comply with these guidelines as written and/or any additions and amendments as approved by the Leadership Team or its representative(s), and I understand that these guidelines include taking a daily Bible class and attending the school's weekly chapel service.
3. I understand that the school, its staff, and its students are active on social media, and that my child's likeness may appear on the school website or other social media sites and will be published in the school's yearbook.
4. If MCCA desires to use a child's likeness in any advertising or recruitment brochures, specific permission will be sought on a case by case basis.
5. I understand my financial obligations and agree to faithfully fulfill these responsibilities.
6. My registration fee will be refunded only if MCCA does not approve my application due to space limitations or for other reasons.

Father / Guardian Name and Signature

Date – Day/Month/Year Format

*Mother / Guardian Name and
Signature*

*Date – Day/Month/Year
Format*

Student Name and Signature

Date – Day/Month/Year Format