MA	STUDEN
Term	_ Date
Name:	
	(Last)
Address	
City	
Age	
Last School	Attended
Address	
Phone	

## T APPLICATION

Term	Date	Home Phone:_		School age children (
Niama				Name
Name:	(Last)	(First)	(Middle)	Name
Address		, ,		Name
		Zij		
Age	Male	/ Female Birthda	nte	RELIGI
Last Sch	ool Attended			Home Church
				Address
				Pastor
<u> </u>				Father: Christian?
	FAMILY	INFORMATIO	<u>) N</u>	Mother: Christian
Father _				Has applicant made a
Employ	ment			
				<u>M E D I C</u>
				Family Physician
				Phone
				Allergies
				Physical Disabilities_
Business	s Phone			Immunizations (see e

Marital Status	M	D	W	S	~ Page 1 ~
School age child	ren (if	not ap	plying	5)	
Name					Age
Name					Age
Name					Age

## OUS INFORMATION

Address			
Pastor			
Father: Christian?	Yes	No	
Mother: Christian	Yes	No	
Has applicant made a profession of faith in Christ?			

## CAL INFORMATION

No

Yes

J	J			
Phone				
Allergies_		 	 	

Immunizations (see enclosed form)

## SCHOLASTIC INFORMATION

Has child ever been expelled, dismissed, suspended or refused admission to another school? Explain.	How did you hear about Mt. Moriah Academy?
Has child ever had disciplinary difficulties? If so, give	Reason for selecting this school:
details	Additional comments about your child:
Has child ever been in trouble with the law, arrested, etc.?	
Has child ever used tobacco or drugs of any kind?	
Please rate your child as a student: Excellent Good Average Poor	
Has child every repeated a grade?	