



Mission Valley Christian Academy

Kindergarten-Elementary-Junior High-Senior High

38907 Hwy 35, Polson, MT 59860

Phone: 406-883-6858

Our mission is to provide a Christ-centered quality education to prepare students to be lifelong servants

Application for Admission

Student Information

Name _____ Sex ___ F ___ M
Last First Middle

Address _____

City _____ State _____ Zip Code _____ Phone _____

Age _____ Date of Birth _____ Ethnicity of student _____ Current grade _____

School previously attended _____
School Name City State & Zip

All Siblings

Name Age Grade School Attending

Name	Age	Grade	School Attending

Photo Non-Consent: Check this box if you **do not** give Mission Valley Christian Academy permission to use your child(s) photo in publications and on our website.

How many people live in household (including student) _____

Parent/Guardian Information

Father's Name _____ Mother's Name _____

Address _____ Address _____
If address is different from above If address is different from above

Home Phone _____ Home Phone _____

Cell phone _____ Cell phone _____

Email _____ Email _____

Employer _____ Employer _____

Business Phone _____ Business Phone _____

Marital Status _____ Marital Status _____

Student lives with _____ Both Parents _____ Dad _____ Mom _____ Guardian

If divorced, are there restrictions on custody, visitation of which we should be aware? Yes No

If so, please specify: _____

What is primary mode of travel to and from school (circle which one applies)

Parent/older sibling, self drive, carpool, walk

Church Information

Family Church Affiliation _____

Pastor's Name _____ Phone Number _____

Which most accurately describes your church attendance?

Active _____

Attend Occasionally _____

Children Attend _____

Attend a few times a year _____

Have you read the Parent-Student Handbook? Yes No Do you agree to have your children taught in accordance with the Statement of Faith in the handbook? Yes No

If it contains any points which are inconsistent with your convictions, please explain briefly here: _____

How did you hear about MVCA? _____ Website _____ Friends _____ Media _____ Church _____ Other

Do you know of families who attend MVCA? If so, please list names: _____

Why do you want your child to attend MVCA? _____

How do you think parents should participate in the education of their children? _____

MVCA requires parents to regularly serve as volunteers. What skills or abilities would you be willing to share?

Are there any special honors or awards for scholastic or other achievements that your student has received?

MVCA is in the process of developing support systems for student with severe learning disabilities or who have behavioral issues. Those services are limited at this time. In your child's best interest, please be candid when you answer the following questions. (If more than one child is applying please consider each child individually when answering.) If you answer 'yes' to any of the following questions please explain below. Further elaboration, a copy of an IEP or 504 Plan, or medical records may be required during an interview.

Has your student ever been referred for testing or placed in a special program?

Has your student received any other special help or tutoring?

Has your student ever been suspended or expelled by a previous school?

Has your student ever seen a counselor/doctor/psychiatrist for any type of social, behavioral, or mental problems?

Has your student ever been diagnosed by a counselor/doctor/psychiatrist as having hyperactivity or attention deficit disorder?

Do you suspect or have you been told that your child might have dyslexia?

Has the student ever been involved in legal problems or been arrested?

Explanation: _____

We understand that the following questions can be very sensitive, we are asking them for our accreditation. If you feel uncomfortable you may skip answering these 2 questions.

The family income for students family is provided through
I working adult 2+working adults student

The annual family income level is
<\$20,000 \$20,000-\$45,000 \$45,000-\$80,000 \$80,000-\$100,000 \$100,000+

Grandparent information

(For newsletters & Grandparents day invitation mailings)

Father's Parents _____
Address _____
City, State, Zip _____
E-mail address _____

Mother's Parents _____
Address _____
City, State, Zip _____
E-mail address _____

To make this application complete, please include the following:

- \$50.00 non-refundable family application fee - ck # ___Cash ___
- Report cards from the most recent quarter and the previous year
 - Completed Educator's Reference form
 - Completed Spiritual Recommendation form
 - Current Immunization records

Junior high and high school student(s) only

In addition to the above items, please include:

- A letter written by the student explaining why they want to attend MVCA.

After the school receives the completed application and the above required materials, we will contact you to arrange an interview and a visit to the school. _____ Interview date

Upon receiving acceptance to MVCA:

- Contact from MVCA's director will be made
- A testing time will be set up. _____date tested
- \$250/\$300 registration fee is due.(the \$50 application fee will apply towards the registration fee)
_____date received

As a parent, I commit to the following:

1. I am responsible for the timely monthly payment and other fees due MVCA, through the end of the quarter that the student is enrolled, even if my child is voluntarily withdrawn or expelled from the school. The only exception to this is that registration fees will be returned if the student application is not accepted.
2. In the event that I decide to withdraw or choose not to re-enroll my child at MVCA, I will, for the school's benefit, inform the school office in writing concerning my reasons.
3. I am responsible for any and all damages my child may make to the school property.

I certify that this application is correct. I understand my financial commitment and the dates payments are due, and agree to faithfully meet my obligations to the school. I have read, understand, and agree with the school's guidelines and policies in the Parent-Student Handbook, I further agree to allow MVCA to teach my child according to the Statement of Faith.

Parent or Guardian _____ Date _____

Mission Valley Christian Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities accorded or made available to MVCA students. We do not discriminate on the basis of sex, race, color, national or ethnic origin in the administration of our educational policies and procedures, scholarship awards, athletic or other school-administered programs. We do, however, reserve the right to deny admission to any individual who cannot benefit from enrollment based on past academic achievement, disqualifying learning difference or physical limitations, or whose personal or family lifestyle is not in harmony with the stated philosophy of Mission Valley Christian Academy.



Educator Reference

STUDENT NAME _____ **Currently in grade** _____

This student has applied for admissions to MVCA. As the academy considers this student for admission, the information you provide here is helpful to us in determining if there is an appropriate match between the program we offer and the needs of the students we serve. Please evaluate the applicant in those areas of which you have knowledge. Thank you for your time and attention. The information you provide will be treated in the strictest confidence. Call the school if we can assist you in any way. Please complete this form and return it within seven days to:

Mission Valley Christian Academy
 38907 Hwy 35
 Polson, MT 59860
 (406) 883-6858

Please place a checkmark in the box next to the statement which best describes this student:

ACADEMIC ABILITY		Comments
Performs as well as ability allows	<input type="checkbox"/>	
Does well but below capacity	<input type="checkbox"/>	
Performance well below capacity	<input type="checkbox"/>	
In trouble academically	<input type="checkbox"/>	
CONTRIBUTION TO CLASS		Comments
Makes contribution on practically all subjects	<input type="checkbox"/>	
Frequently makes contribution	<input type="checkbox"/>	
Sometimes makes a contribution	<input type="checkbox"/>	
Practically never makes contribution	<input type="checkbox"/>	
LEADERSHIP		Comments
Generally accepted as leader of group activity	<input type="checkbox"/>	
Can be a leader – does not seek to lead group	<input type="checkbox"/>	
Seldom reveals ability to direct others	<input type="checkbox"/>	
Rarely attempts role of leader	<input type="checkbox"/>	
PERSISTENCE		Comments
Works at task until finished, no matter how difficult	<input type="checkbox"/>	
Usually persistent, sometimes needs encouragement	<input type="checkbox"/>	
Often becomes discouraged and disinterested	<input type="checkbox"/>	
Noted for not finishing work	<input type="checkbox"/>	
SOCIAL ABILITY		Comments
In center of social group	<input type="checkbox"/>	
Well accepted by group, not most popular	<input type="checkbox"/>	
Responds socially on occasion	<input type="checkbox"/>	
Not a social participant	<input type="checkbox"/>	
BEHAVIOR		Comments
Rarely requires reprimand	<input type="checkbox"/>	
	<input type="checkbox"/>	
Sometimes acts up, not a problem	<input type="checkbox"/>	
Often disturbs class	<input type="checkbox"/>	
OTHER		



Authorization of Emergency Care

2016-2017

STUDENT

NAME _____ Date _____

IN CASE OF EMERGENCY CALL:

Name Relationship to student Phone/Cell

Name Relationship to student Phone/Cell

Name Relationship to student Phone/Cell

In case the services of a physician are required before either parent/guardian can be reached, MVCA is hereby authorized to call:

Family Physician _____ Phone Number _____

Family Dentist _____ Phone Number _____

For hospital information, child is covered by medical insurance as follows:

Policy No. Name of Insurance Company Phone Number

In case my child becomes ill or is injured at school or a school activity and neither parent nor doctor named above can be reached by phone, I give permission for Mission Valley Christian Academy to contact a physician of its choice to perform necessary emergency first-aid procedures. Parents shall assume all responsibility for payment of emergency medical services, including any emergency transportation.

Signature Date Signature Date

Liability Waiver

I _____ authorize my child _____

to ride on the MVCA van for all school related activities or events for the school year _____

and I hereby release MVCA from all liability.

Signature Date Signature Date



Medical Release/Health Form

2016-2017

**STUDENT
NAME** _____

Date _____

My child has: ___ hearing problems ___ vision problems ___ attention deficit disorders

My child is allergic to _____

My child takes the following medication _____

The medication is to be administered: _____

My child has the following chronic medical problems: (asthma, diabetes, heart condition, epilepsy, etc.) _____

I give my consent for my child to receive non-aspirin pain reliever at school from MVCA staff in the amount recommended for his/her age and weight per package instruction: ___ Yes ___ No

Students age: _____ Students weight: _____ Date: _____

Other stipulations or instructions _____

Medical Release

I _____ authorize my child _____

to receive medication, from the staff at MVCA, according to the above specifications during my child's enrollment at MVCA for the school year 2016-2017. I hereby release MVCA from all liability.

Signature

Date

Signature

Date



Commitment of Parents and Student

Parents: Please read the following statements carefully and sign below to indicate your agreement.

I hereby affirm that I have read the Student Handbook and discussed its policies with my student. I certify that I consent to and will submit to all governing policies of the school, including all applicable policies in the Student Handbook.

I understand that the standards of the school do not tolerate profanity, obscenity in word or action, dishonor to the Holy Trinity and the Word of God, disrespect to the personnel of the school, or continued disobedience to the established policies of the school.

I understand that the services of the school are engaged by mutual consent, and that either the school or I reserve the right to terminate any or all services at any time. I understand that this Handbook does not contractually bind Mission Valley Christian Academy and is subject to change without notice by decision of MVCA's governing body. Admission to the school is a privilege, not a right, and admission for one school year does not guarantee automatic admission for future school years.

Signature of Mother

Date

Signature of Father

Date

Students in Grades 7-12: Please read the following statement carefully and sign below to indicate your agreement.

I hereby affirm that I have read the Student Handbook. I certify that I consent to, and will submit to all governing policies of the school, including all applicable policies in the Student Handbook.

I understand that this Handbook does not contractually bind Mission Valley Christian Academy and is subject to change without notice by decision of MVCA's governing body.

I understand that admission to the school is a privilege, not a right, and that any behavior, either on or off campus, which is not consistent with the school's standards could result in the loss of that privilege.

Signature of Student

Date

