Office U	Use Only			2	2024-2025	
t Date Re	eceived Application Fee Inclu	ıded:	Date Received Regi	stration Fee	Paid:	
	eceived Tuition Paid in Full:					
	ssion Valley C					
	SCHOOL // Kinderg			tion		
	T 59860 mvcapolson.org Eleme				883 0706	
		-	-			
The Mission of MVCA is to provide a Christ-centered, quality education, to prepare students to be lifelong servant leaders STUDENT INFORMATION: ALERGY ALERT! FOOD OR MEDICAL CONDITIONS THE TEACHER SHOULD BE AWARE OF:						
STUDENT INFORMATION. A		R WEDICAL COND	THONS THE TEACHER	SHOOLD BE F	WARE OF.	
Name:	,	,		Sex: F	М	
Date of Birth:	// Day Year	Current Age:	Grade Enrolling	:		
Address:		City:	State:	Zip:		
TUITION INFORMATION:						
 \$250.00 Please select your preferred p 12 Month Payment Sched 9 Month Payment Sched 	2: (application fee will be deduced payment plan and start date be dule Beginning: dule Beginning: September eck or cash. (Check #	$\frac{1}{2}$ You will need to or \Box June 20 th er 5 th or \Box Sep	o speak to our bookkeeper to	9 set up your mor	nthly drafts.	
PARENT(S)/GUARDIAN(S) INF	FORMATION:					
Father's Name:		Mother's Name	:			
Address:		Address:				
(If different from student's)		(If different from studer	ut's)			
Cell Phone:		Cell Phone:				
Home Phone:		Home Phone:				
Office Phone:		Office Phone:				
Email:		Email:				
Employer:		Employer:				
Address:		Address:				
If parents are living separate If so, please specify:	rely, are there restrictions on cr	ustody or visitatio	n of which we should	l be aware?	🗌 No	

How will your student travel to and from school? Please circle one: Parent Driving Older Sibling Driving Carpool Walking How many people live in your household (including applicant)?

SIBLINGS: Name	Age	Grade	School Currently Attending
CHURCH INFORMATION: Family Church Affiliation:			
Pastor's Name:			
Which most accurately describes your church a			
Family is Active Family Attends Occ	asiona	lly	Children AttendFamily Attends a few times a year
	rdance	with the	No e Statement of Faith in the handbook?YesNo sistent with your convictions, please explain briefly here:
			Media Church Other: o, please list the names:
Why do you want your child to attend MVCA?	,		
How do you think parents should participate in	the ed	ucation	of their children?
MVCA requires parents to regularly participate behavior to all students. What skills or abilities			vities and serve as volunteers, modeling Christ-like e willing to share?

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

Has your student ever been referred for testing or placed in a special program?YesNo
Has your student received any other special help or tutoring? Yes No
Has your student ever been suspended or expelled by a previous school or program? Yes No
Has your student ever seen a counselor / doctor / psychiatrist for any type of social, behavioral, or mental problems?
YesNo
Has your student ever been diagnosed by a counselor / doctor / psychiatrist as having hyperactivity or attention defic
disorder?YesNo
Do you suspect or have you been told that your student might have dyslexia? Yes No
Has your student ever been involved in legal problems or been arrested? Yes No
If yes to any of the above questions, please explain here:
We understand that the following questions can be very sensitive, and we are only asking them for accreditation. If y
feel uncomfortable you may skip answering these two (2) questions.
The family income for my student is provided through:
One (1) Working Adult Two (2) Working Adults Student The annual family income level is:
< \$20,000\$20,001-\$45,000\$45,001-\$80,000\$80,001-\$100,000\$100,001+
GRANDPARENT INFORMATION: (For Newsletters & Grandparent's day invitations)
Father's Parents:
Address: Address:
City: State: Zip: City: State: Zip:
Email Address: Email Address:

Student testing will be set up with the Teacher.	Date Tested:
Registration/Curriculum fee is due. (The \$50.00 Application Fee will apply towards t	he Registration.)

MEDIA RELEASE:

an interview and a visit to the school.

Upon Received Acceptance to MVCA: The MVCA Office will contact you.

During the school year, your student may be photographed and/or videoed, or your student's work may be used for publication purposes or school activities. Please check the box next to the media platform that you would allow your student's photo/art and name to be displayed/published. (Including birthday on our internal school calendar.)

Photo/Video Including Name:	Work Published/Displayed Including Name:
□ School Website	□ School Website
Newspaper/News Media	Newspaper/News Media
□ School Calendar	□ School Calendar
□ Facebook/Instagram	□ Facebook/Instagram
□ Other Social Media	□ Other Social Media

As a Parent(s)/Guardian(s), I/We commit to the following:

- 1. I/we am/are responsible for the timely monthly payment and other fees due MVCA, through the end of the quarter that the student(s) is/are enrolled, even if the student(s) is/are voluntarily withdrawn or expelled from 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/we decide to withdraw or choose not to re-enroll my/our student(s) at MVCA, I/we will, for the school's benefit, inform the school office in writing concerning my/our reasons.
- 3. I/we am/are responsible for any and all damages my/our student(s) may make to the school property.

I/we certify that this application is correct. I/we understand my/our financial commitment and the dates payments are due and agree to faithfully meet my/our obligations to the school. I/we have read, understood, and agree with the school's guidelines and policies in the Parent & Student Handbook. I/we further agree to allow MVCA to teach my/our student according to the MVCA Statement of Faith. *This form is not completed and should not be returned to the office until it has been signed by all Parents/Legal Guardians. Returning this form in an incomplete state does not obligate MVCA to reserve your student(s) seat in any class.

Parent/Guardian Signature:		Date:
Parent/Guardian Signature:		Date:
Additional Signatures if needed:		
Signature:	Date:	
Signature:	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 Statement of Faith of Mission Valley Christian Academy.

Date of School Visit:

After the school receives the completed application and the above required documents, you will be contacted to arrange Interview Date: