

Office Use Only		2024-2025
<u>Date Received</u> Application Fee Included:	Date Received	d Registration Fee Paid:
Date Received Tuition Paid in Full:	12 Month Payment:	9 Month Payment:

## Mission Valley Christian Academy UPPER SCHOOL // 7<sup>th</sup> to 12<sup>th</sup> Grade Application

Name:,	First	Middle	_ Sex: F M_
Date of Birth:/	Current Age:	Grade Enrolling	:
Address:			
Tuition Information:			
7 <sup>th</sup> to 12 <sup>th</sup> grade: \$6,300.00 Annual Tuition			
Application Fee (All Grades): \$50.00			
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Kegistranon/Curriculum Fee. Tanniicanon tee will	ne deducted from this an		
- · · · · · · · · · · · · · · · · · · ·	be deducted from this an	nount)	
\$300.00			o set up your monthly d
\$300.00 Please select your preferred payment plan and start	date below: You will need t		set up your monthly di
\$300.00  Please select your preferred payment plan and start  12 Month Payment Schedule Beginning:   Ju	date below: You will need to	o speak to our bookkeeper to	o set up your monthly d
\$300.00  Please select your preferred payment plan and start  12 Month Payment Schedule Beginning:   9 Month Payment Schedule Beginning:   Se	date below: You will need to the 5 <sup>th</sup> or June 20 <sup>th</sup> eptember 5 <sup>th</sup> or Sep	o speak to our bookkeeper to	o set up your monthly d
\$300.00  Please select your preferred payment plan and start  12 Month Payment Schedule Beginning:   9 Month Payment Schedule Beginning:   Se  Pay tuition in full by check or cash. (Check #	date below: You will need to the 5 <sup>th</sup> or June 20 <sup>th</sup> eptember 5 <sup>th</sup> or Sep	o speak to our bookkeeper to	o set up your monthly d
\$300.00  Please select your preferred payment plan and start  12 Month Payment Schedule Beginning:   9 Month Payment Schedule Beginning:   Se  Pay tuition in full by check or cash. (Check #	date below: You will need to the 5 <sup>th</sup> or June 20 <sup>th</sup> eptember 5 <sup>th</sup> or Sep	o speak to our bookkeeper to tember 20 <sup>th</sup>	o set up your monthly d
\$300.00  Please select your preferred payment plan and start  12 Month Payment Schedule Beginning:   9 Month Payment Schedule Beginning:   Pay tuition in full by check or cash. (Check # PARENT(S)/GUARDIAN(S) INFORMATION:	date below: You will need to the state of the or June 20 <sup>th</sup> eptember 5 <sup>th</sup> or September 5 <sup>th</sup> or	o speak to our bookkeeper to tember 20 <sup>th</sup>	o set up your monthly d
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\$300.00  Please select your preferred payment plan and start  12 Month Payment Schedule Beginning:   9 Month Payment Schedule Beginning:   Pay tuition in full by check or cash. (Check # PARENT(S)/GUARDIAN(S) INFORMATION:  Father's Name:  Address:  (If different from student's)	date below: You will need to the state of the or June 20 <sup>th</sup> deptember 5 <sup>th</sup> or September 5 <sup>th</sup> or September:  Mother's Name Address:  (If different from stude)	o speak to our bookkeeper to tember 20 <sup>th</sup>	o set up your monthly di
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\$300.00  Please select your preferred payment plan and start  12 Month Payment Schedule Beginning:   9 Month Payment Schedule Beginning:   9 Pay tuition in full by check or cash. (Check # PARENT(S)/GUARDIAN(S) INFORMATION:  Father's Name:  Address: (If different from student's)  Cell Phone:  Home Phone:	date below: You will need to the state of June 20th or September 5th or September 5th or September:    Mother's Name   Address: (If different from stude   Cell Phone: Home Phone:	o speak to our bookkeeper to tember 20 <sup>th</sup>	o set up your monthly di
Please select your preferred payment plan and start  12 Month Payment Schedule Beginning:   9 Month Payment Schedule Beginning:   9 Pay tuition in full by check or cash. (Check # PARENT(S)/GUARDIAN(S) INFORMATION:  Father's Name:  Address: (If different from student's)  Cell Phone:  Home Phone:  Office Phone:	date below: You will need to the 5th or June 20th expression or Sep Date:    Mother's Name   Address: (If different from stude   Cell Phone: Home Phone: Office Phone:	o speak to our bookkeeper to tember 20 <sup>th</sup>	o set up your monthly di

How will your stu	dent travel to and fro	om school? Please	e circle one:	Parent Driving	Older Sibling Driving Carpool Walking
How many people	e live in your house	hold (including a	pplicant)?		
SIBLINGS:	Name	Age	Grade		School Currently Attending
CHURCH INFORMATE Family Church A	ATION: ffiliation:				
Pastor's Name: _		Phon	ne Number:	()	_ <del>-</del>
Which most accur	rately describes you	ır church attendaı	nce?		
Family is Ac	tive Family A	ttends Occasional	lly Ch	ildren Attend	Family Attends a few times a year
	e Parent & Student				
Do you agree to h	nave your child taug	tht in accordance	with the Sta	itement of Fai	th in the handbook? Yes No
If the Statement of	of Faith contains any	y points which are	e inconsiste	nt with your c	onvictions, please explain briefly here:
How did you hear	r about MVCA? _	Website	Friends	Media	Church Other:
Do you know fan	nilies that have stud	ents attend MVC	A? If so, pl	ease list the na	ames:
Why do you want	t your child to atten	d MVCA?			
How do you think	x parents should par	ticipate in the ed	ucation of th	neir children?	
MVCA an arrive a		montioinote in a 1.	0.01.004::4:-	.a and a	voluntoons modeling Christ like
	idents. What skills				volunteers, modeling Christ-like

Are there any special hor	nors or awards for	r scholastic or o	ther achievements th	nat your student has rece	ived?
Has your student ever be	en referred for tes	sting or placed i	n a special program	? Yes No	
Has your student received	d any other specia	al help or tutori	ng? Yes N	No	
Has your student ever be	en suspended or e	expelled by a pr	evious school or pro	gram? Yes N	o
Has your student ever see	en a counselor / d	octor / psychiat	rist for any type of s	ocial, behavioral, or me	ntal problems?
Yes No					
Has your student ever be	en diagnosed by a	a counselor / do	ctor / psychiatrist as	having hyperactivity or	attention deficit
disorder? Yes	No				
Do you suspect or have y	ou been told that	your student m	ight have dyslexia?	Yes No	
Has your student ever be	en involved in leg	gal problems or	been arrested?	Yes No	
If yes to any of the above	e questions, please	e explain here:			
We understand that the for feel uncomfortable you n  —  —  —  —  —  —  —  —  —  —  —  —  —	nay skip answerin The famil One (1) Workin	ng these two (2) y income for m ng Adult The annual fan	questions. y student is provided Two (2) Working A nily income level is:	_	
GRANDPARENT INFORMA	TION: (For News	letters & Grand	parent's day invitati	ons)	
Father's Parents:			Mother's Parents:		
Address:					
City:					
Email Address:					
Final Documents needed	for Application r	process:			
\$50.00 Non-Refundable	Application Fee:	Check # _			

After the school receives the completed application	and the above required documents, you will be contacted to arrange
an interview and a visit to the school.	Date: Date of School Visit:
<u>Upon Received Acceptance to MVCA:</u> The MVCA Office will contact you.	
Student testing will be set up with the Teacher.	Date Tested:
-	pplication Fee will apply towards the Registration.)
publication purposes or school activities. Please chyour student's photo/art and name to be displayed/p	graphed and/or videoed, or your student's work may be used for neck the box next to the media platform that you would allow bublished. (Including birthday on our internal school calendar.)
Photo/Video Including Name:  ☐ School Website	Work Published/Displayed Including Name:  School Website
☐ Newspaper/News Media ☐ School Calendar ☐ Facebook/Instagram ☐ Other Social Media	<ul> <li>□ School Website</li> <li>□ Newspaper/News Media</li> <li>□ School Calendar</li> <li>□ Facebook/Instagram</li> <li>□ Other Social Media</li> </ul>
<ul><li>school. The only exception to this is that re accepted.</li><li>In the event that I/we decide to withdraw or the school's benefit, inform the school offic</li><li>I/we am/are responsible for any and all dam</li></ul>	ages my/our student(s) may make to the school property.
due and agree to faithfully meet my/our obligations school's guidelines and policies in the Parent & Stustudent according to the MVCA Statement of Faith	derstand my/our financial commitment and the dates payments are to the school. I/we have read, understood, and agree with the ident Handbook. I/we further agree to allow MVCA to teach my/our. *This form is not completed and should not be returned to the Guardians. Returning this form in an incomplete state does not my class.
Parent/Guardian Signature:	Date:
Parent/Guardian Signature:	Date:
Additional Signatures if needed:	
Signature:	Date:
Signatura	Detail

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.