

OFFICE USE ONLY: Date Received by administration:

Mt. Calvary Academy

"Where Learning Is A Pleasure"

700 Bellevue Avenue * Daytona Beach, FL 32114 * 386.255.8654

Elementary Admission

*****PLEASE PRINT ON ENTIRE FORM*****

Child's Name: _____
FIRST MIDDLE LAST

Child's Birthdate: _____ Grade Applying For: _____ Student's SSN: _____

Home Address: _____ City & Zip Code: _____

Parent/Guardian (1)

Name: _____ Home/Cell Number: _____ Work Number: _____

Parent/Guardian (2)

Name: _____ Home/Cell Number: _____ Work Number: _____

Alternate Emergency Contact:

Name: _____ Home/Cell Number: _____ Work Number: _____

*****Student Pick-Up Permission*****

Name	Relationship	Best Phone Number

I give my authorization for the persons listed above to remove my child from Mt. Calvary Academy.

Date: _____

Signature: _____ (Parent/Guardian)

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Child's Name: _____

*****Policies Agreement*****

I have received, read and/or understand, and agree to follow all policies & procedures of Mt. Calvary Academy in the manner prescribed. I have received a copy of the disciplinary practices used by Mt. Calvary Academy.

Date: _____ Signature: _____ (Parent/Guardian)

Mission Statement

"With staff, family and community working together, all students will develop to a high level of achievement in order to become well-adjusted, happy and productive citizens with a knowledge and respect for God and man."

*****STUDENT HISTORY*****

*****PLEASE PRINT ON ENTIRE FORM*****

EDUCATIONAL HISTORY:

Name of Previous School	Address	City/State/Zip	Phone	Grades Attended

- Has student failed any grades? If so, which grades? _____
- Has student ever been double promoted or skipped any grades? If so, which grades? _____
- Has student ever been expelled or suspended? If so, how many times, how long, and why? Explain the details.

- In which subject areas does the student excel academically?

- In which subject areas does the student struggle academically?

- Does the student have a previous or current individualized, special education plan from his/her previous school? If so, explain and provide a copy.

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PERSONAL HISTORY:

Household Member's Name	Relationship	Name of School/Grade

1. What is the child's living situation? _____
2. Does the student attend church? If yes, which church? Who is the Pastor?

3. List student's special talents, sports, hobbies, or special interests.

4. List student's special awards/honors.

5. Why did you choose Mt. Calvary Academy?

6. How did you learn about Mt. Calvary Academy?

MEDICAL HISTORY:

1. Is student on any medication? If yes, name the medication(s)/dosage, etc.?

2. List any health problems & diagnoses.

3. List any recent or current treatment for mental health.

4. List any allergies to medications and foods.

5. List any recent admissions to the emergency room or hospital.

*****REQUIRED ENROLLMENT DOCUMENTS*****

The documents listed below must be submitted at time of enrollment:

- ✓ Child Care Food Program Application/Child Participation Form
- ✓ Current Immunization Record
- ✓ Current Physical Examination Record
- ✓ Completed Application
- ✓ Previous School Records
- ✓ Fees (Registration, Afterschool Program, Tutoring, etc.)

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***** FIELD TRIP PERMISSION *****

I hereby give my permission for my child to go on any field trip sponsored by Mt. Calvary Academy. I understand that this is a one-time permission slip for all field trips taken by motor vehicle or by walking. I further understand that I will be made aware of, in advance, of all field trips and field trip fees. I understand that additional Field Trip Permission Forms may be required if necessary.

Date: _____ Signature: _____ (Parent/Guardian)

***** CONSENT FOR TREATMENT *****

I hereby authorize and permit Mt. Calvary Academy to allow medical treatment and care, as well as related transportation, determined to be necessary, in the opinion of the staff of Mt. Calvary Academy, for the welfare of my child while my child is in the care of Mt. Calvary Academy and I am not reasonably available by telephone to give consent. I hereby relieve Mt. Calvary Academy of all medical, legal, or financial liability.

Date: _____ Signature: _____ (Parent/Guardian)

Phone Number: _____

Name & Contact Number of Child's Physician: _____

Insurance: _____ Policy # _____

Preferred Hospital: _____

Pertinent Information (Blood Type, Drug Allergies, etc.): _____

THIS FORM MUST BE NOTARIZED.

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate.

Printed Name

Date

Signature