

OFFICE USE ONLY: Date Received by administration:



MOUNT CALVARY
ACADEMY
HOME OF THE LIONS

Mt. Calvary Academy

"Where Learning Is A Pleasure"

700 Bellevue Avenue * Daytona Beach, FL 32114 * 386.333.9986

Elementary & Middle School Admission

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

Student's Name: _____
FIRST MIDDLE LAST

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

Home Address: _____ City & Zip Code: _____

Parent/Guardian (1)

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

EMAIL ADDRESS: _____

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.

*****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."

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*****STUDENT HISTORY*** ***PLEASE PRINT ON ENTIRE FORM*****

EDUCATIONAL HISTORY:

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

1. Has student failed any grades? If so, which grades? _____
2. In which subject areas does the student excel academically?

3. What school awards/recognition has the student received?

4. In which subject areas does the student struggle academically?

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

6. List any previous school discipline issues:

7. Has student ever been expelled or suspended? If so, how many times, how long, and why? Explain the details.

PERSONAL HISTORY:

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.

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.

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

I hereby give my permission for my child(ren) 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. This permission remains in effect during enrollment of my child(ren).

Date: _____ Signature: _____ (Parent/Guardian)

*****PHOTO PERMISSION *****

Throughout the school year there are various opportunities to take photos in the classroom and during school-wide activities. These photos may be used for art projects, student recognition, and classroom activities. Photos and/or video may also be used on the school website or the school's social media pages. This permission also includes the taking of annual, individual school pictures. This permission remains in effect during enrollment of my child(ren). It is my responsibility to revoke my permission in writing and submit to the school office if I no longer wish to give consent. I understand that I will not receive payment for any photography.

Date: _____ Signature: _____ (Parent/Guardian)

*****SCREENING AND TESTING PERMISSION *****

I hereby give permission for my child to complete required annual standardized testing. This is required by the Department of Education. In addition, if any additional specialized testing is needed at any point throughout the school year, for academic purposes, my consent is given.

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.): _____

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ENROLLMENT CHECKLIST:

- CHILD CARE FOOD PROGRAM APPLICATION /CHILD PARTICIPATION FORM**
- CURRENT IMMUNIZATION RECORD**
- CURRENT PHYSICAL EXAM**
- COMPLETED APPLICATION**
- PREVIOUS SCHOOL RECORDS**
- FEES PAID**

Printed Name

Date

Signature