

# MT. SALUS CHRISTIAN SCHOOL

*Christ-Centered Academic Excellence*

## NEW STUDENT APPLICATION

**Student Applying:**

**Date of Application:** \_\_\_\_\_

Full Name: \_\_\_\_\_ M/F \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_

Social Security # \_\_\_\_\_ Date Entered 7th Grade (if applicable) \_\_\_\_\_

Home Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone No. \_\_\_\_\_

Grade Applying For: K3 K4 K5 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup> 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup>

Preschool (K3 & K4): Half Day \_\_\_\_\_ Full Day \_\_\_\_\_ Kindergarten (K5): Half Day \_\_\_\_\_ Full Day \_\_\_\_\_

*Students must be 3 yrs old for K3, 4 yrs old for K4, 5 yrs old for K5, or 6 yrs old for 1<sup>st</sup> Grade by September 1<sup>st</sup>.*

**Father's Information:**

Name \_\_\_\_\_ Cell Number \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Permission to call work (circle one): Yes / No / Emergency Only Business Phone No. \_\_\_\_\_

Email \_\_\_\_\_

**Mother's Information:**

Name \_\_\_\_\_ Cell Number \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Permission to call work (circle one): Yes / No / Emergency Only Business Phone No. \_\_\_\_\_

Email \_\_\_\_\_

**Guardian Information (if different from above):**

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Cell Number \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Permission to call work (circle one): Yes / No / Emergency Only Business Phone No. \_\_\_\_\_

Email \_\_\_\_\_

**Name of Person(s) Responsible for account** \_\_\_\_\_

**Billing Address** \_\_\_\_\_ **Phone:** \_\_\_\_\_

If student does not live with both biological parents, please explain.

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Name(s) and ages(s) of sibling(s)

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**Emergency Contact other than parents:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Other Data:**

What church does your family attend? \_\_\_\_\_

Are you currently members? \_\_\_\_\_

Briefly describe what you consider "Christian education" to be: \_\_\_\_\_

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What do you expect Mt. Salus Christian School to do for your child? \_\_\_\_\_

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**Medical Information:**

List any known allergies: \_\_\_\_\_

Has this student been professionally evaluated for any special physical, mental, academic or emotional needs?

If yes please explain. \_\_\_\_\_

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Does this student have physical, mental, or emotional problems which require special medication?

If yes, please give a brief explanation \_\_\_\_\_

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List all medications presently taking: \_\_\_\_\_

Name of student's physician \_\_\_\_\_ Phone No. \_\_\_\_\_

**Educational Information:**

Name of the last school attended by student \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

List two teachers who have recently worked with your child:

Teacher \_\_\_\_\_ Phone \_\_\_\_\_

Teacher \_\_\_\_\_ Phone \_\_\_\_\_

If the student has ever failed, been retained, suspended or expelled, please list dates and reasons.

List the most important values or abilities that you hope your child will gain while at Mt. Salus Christian School.

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

How did you hear about Mt. Salus Christian School? If referred by a Church, which one?

Briefly describe any special extracurricular interests, hobbies, talents, or aptitudes \_\_\_\_\_

**Grandparent Information:**

Father's Parents \_\_\_\_\_ Mother's Parents \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

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**Our Mission and Vision**

**Our Mission**

Through a Christian worldview, where the Bible is our lens, Mt. Salus Christian School seeks to promote the intellectual and personal growth of our students' education, in order that they may impact and strengthen their community and the world.

## Our Vision

We partner with parents to help grow their child into whom Christ created them to be. We do this by teaching children from a Christian worldview so they are challenged to think critically and creatively; preparing each student to thrive wherever God calls them.

### In completing this application, I/we understand that ...

1. The following items must be attached to this form:
  - (1) A copy of the student's Birth Certificate.
  - (2) A copy of the student's most recent report card.
  - (3) Discipline report from previous schools student attended.
  - (4) Entrance Testing Fee of \$25 for students entering first grade and above (non-refundable)
2. We must read the Parent-Student Handbook and agree to abide by its contents.
3. We agree to follow the tuition payment policy as adopted by the Board and outlined in the Mt. Salus Parent-Student Handbook.
4. We understand that Mt. Salus is a Christian school and we agree to have our children taught in accordance with the principles as stated in the mission and vision.
5. In case of an emergency in which our emergency contacts are unavailable, we hereby give the school permission to make any decisions necessary to protect the health of the student.
6. Mississippi law requires an Immunization Certificate of Compliance (Form 121) showing that the student has complete immunization requirements. This form (obtained from a doctor or Health Department must be submitted before school begins if the student is not transferring from a Mississippi school.
7. Mt. Salus Christian School may require anyone above the 5th grade to take drug test.
8. Once the entrance test results have been reviewed, we will contact you and let you know if your application has been approved. If your application is not approved, your Registration Fee will be promptly refunded.
9. Report cards and permanent records will not be released until all outstanding obligations to Mt. Salus Christian School have been met.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

#### **FOR OFFICE USE ONLY**

Documents to be included with application:

- Official State Birth Certificate - copy
- Immunization record - copy
- Latest report card - copy
- Discipline Report
- Testing Fee Paid

