

Application for Admission

Please fill out this application and return it to the school with a \$35.00 application fee.

Student Information:

Full legal name of child _____ Date _____

Birth date _____ Age _____ Male/Female

Name they go by _____

Home address _____

Parent or Guardian's Name(s) _____

Telephone Number Home: _____ Cell: _____

County in which child resides _____

School district in which child resides _____

How will child be transported to Meadowview? Car ___ Bus ___

The child is Biological ___ Adopted ___ Foster ___ Stepchild ___

The child resides with Mother ___ Father ___ Other _____ (check all that apply)

Grade applying for _____ (To enter Kindergarten child must be 5 years old by Sept. 1st)

Has your child repeated a grade? Yes ___ No ___

Has your child been in gifted or accelerated classes? Yes ___ No ___

Is there an Individualized Education Plan (IEP) in your child's records? Yes ___ No ___

If "yes," please enclose a copy. If any answer above is "yes," please explain.

FOR K2/3 or K-4 Applicants Only:

Please indicate the days of the week you are interested in:

There is a three day minimum for preschool. Two day would need administrative approval.

Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___

*All Preschool students will have to be transported by parent/guardian

Medical Information:

Family physician _____ Phone _____

Family dentist _____ Phone _____

Insurance _____ Insurance # _____

List any special medical conditions, allergies, or medications taken on a regular basis.

In case of emergency, who should be contacted if you cannot be reached?

Name _____ Relationship _____

Address _____ Home phone _____ Cell _____

Name _____ Relationship _____

Address _____ Home phone _____ Cell _____

Family Information:

Father's Name _____

Home address _____

Home telephone _____ Cell phone _____

E-mail address _____

Marital status: Married/Widowed/Separated/Divorced/Remarried/Single (please circle one)

If remarried, spouse's name _____

Church you attend _____ Are you a member? Yes/No

Church address _____

Pastor _____

Employer's name/company _____ Job Title _____

Why would you like your child to attend Meadowview Christian Academy?

MEADOWVIEW  CHRISTIAN ACADEMY

216 Tulip Road, Paxinos, PA 17860 | Phone 570-644-1573 | Fax 570-644-1572 | meadowview@ptd.net | www.meadowviewchristian.org

Mother's Name _____

Home address _____

Home telephone _____ Cell phone _____

E-mail address _____

Marital status: Married/Widowed/Separated/Divorced/Remarried/Single (please circle one)

If remarried, spouse's name _____

Church you attend _____ Are you a member? Yes/No

Church address _____

Pastor _____

Employer's name/company _____ Job Title _____

Why would you like your child to attend Meadowview Christian Academy?

Siblings:

What are the names and birth dates of the applicant's siblings? Please start with the oldest.

Name _____ Birth date _____ Living at home? _____

Name _____ Birth date _____ Living at home? _____

Name _____ Birth date _____ Living at home? _____

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By signing this application I agree to the following:

“I will support the school’s God-centered approach to education. I will support the school’s statement of faith, dress code, and doctrinal statements.”

“I will support the school’s daily emphasis to encourage students to be committed and grow in discipleship of Jesus Christ.”

“I will encourage my student to follow the Code of Conduct here at Meadowview and will require that my child treat staff and other students with respect and kindness. I will support any discipline the school would provide in accordance to the code of conduct and understand that it is for the benefit of my child if disciplinary measures need to be taken.”

“I understand that the school reserves the right to dismiss a child who fails to comply with the code of conduct, or any child whom the administration judges to be having a detrimental effect upon the goals and purposes of the school.”

“The board may also dismiss a student due to unpaid financial obligations of parents, or due to unwise parental behavior that the administration judges to be detrimental to the relationship between student and staff.”

“I agree to support the school on social media sites and will not talk about the school, a teacher, student, or any staff member in a negative way.”

“I agree to be an active participant in my child’s education and agree to attend activities at the school such as parent/teacher conferences, back to school night, parent-teacher fellowship (as often as possible), fundraisers, and concerts. I understand that parents are biblically called to be an active participant in the education of their children.”

Signed:

Father _____

Guardian _____

Date _____

Mother _____

Guardian _____

Date _____