



TRUTH • BEAUTY • GOODNESS

A Classical and Christian School

Admissions Office

APPLICATION FOR ADMISSION

If Kindergarten, check preference: ___ AM session ___ PM session ___ Full Day

Student Information

Name of Student _____

Sex (circle one) Male Female DOB: _____ / _____ / _____

Applying for Grade _____ Social Security Number: _____ - _____ - _____

Name of Student _____

Sex (circle one) Male Female DOB: _____ / _____ / _____

Applying for Grade _____ Social Security Number: _____ - _____ - _____

Name of Student _____

Sex (circle one) Male Female DOB: _____ / _____ / _____

Applying for Grade _____ Social Security Number: _____ - _____ - _____

Names and ages of other siblings:

Name _____ Age: _____

Name _____ Age: _____

Name _____ Age: _____

FOR OFFICE USE ONLY: Date Rec'd _____ App Fee _____ Records _____ MHA Test _____

Parent Information

Home Address _____ Home Phone (____) ____ - ____

City _____ State _____ Zip _____ County _____

School District _____ Email _____

Father's Name _____ Email _____

Place of Employment _____ Position _____

Employment Address _____

Work Phone (____) ____ - ____ Cell Phone (____) ____ - ____

Mother's Name _____ Email _____

Place of Employment _____ Position _____

Employment Address _____

Work Phone (____) ____ - ____ Cell Phone (____) ____ - ____

If a parent resides at a different address than the above, please provide here:

Name _____ Email _____

Address _____ Phone (____) ____ - ____

City _____ State _____ Zip _____ Cell Phone (____) ____ - ____

County _____ School District _____

Please check the box that reflects household annual income:

\$100,000+ \$80,000 - \$99,999 \$60,000 - \$79,999 \$40,000 - \$59,999

0 - \$39,999 Not disclosed (no tuition discount)

Please answer the following questions.

- 1 Do you agree to have your children taught in accordance with the Mars Hill Academy Foundational Documents? (Visit www.marshill.edu to read the Foundational Documents or call the office for a copy.)

Y ____ N ____ If no, please explain. _____

- 2 Are there any points in the Foundational Documents that are inconsistent with your own beliefs or theological convictions?

Y ____ N ____ If yes, please explain. _____

- 3 How did you hear about Mars Hill Academy? _____

- 4 Why do you want your child(ren) to attend Mars Hill Academy? _____

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

- 6 Is either parent opposed to Christian education?

Y ____ N ____ If yes, please explain. _____

- 7 Family's Church _____ Members? Y ____ N ____

Denomination _____ Pastor _____

Church Mailing Address: _____

Church Phone (_____) _____ - _____

- 8 Please list the school last attended or presently attending:

Name of student _____ Teacher's name _____

School name _____ Phone (_____) _____ - _____

School Address _____

Name of student _____ Teacher's name _____

School name _____ Phone (_____) _____ - _____

School Address _____

Name of student _____ Teacher's name _____

School name _____ Phone (_____) _____ - _____

School Address _____

9 Mars Hill Academy is not staffed to handle students with severe learning disabilities or those who have trouble behaviorally. Please answer the following questions. Further elaboration may take place in the Family Interview.

	Student	#1	#2	#3
Has the student ever been referred for academic testing or been placed in a special program for either remediation or enrichment? (Y/N)		___	___	___
Has the student ever received any other special help or tutoring? (Y/N)		___	___	___
Has the student ever repeated a grade for any reason? (Y/N)		___	___	___
Has the student received any special honors or awards for scholastic achievement? (Y/N)		___	___	___
Has the student ever been suspended or expelled by a previous school? (Y/N)		___	___	___
Has the student ever seen a counselor/doctor/psychiatrist for any type of social, behavioral or mental problems? (Y/N)		___	___	___
Has the student ever been examined or treated by a counselor/doctor/psychiatrist for Hyperactivity or Attention Deficit Disorder (ADHD or ADD)? (Y/N)		___	___	___
Do you suspect or have you been told that your child might have dyslexia? (Y/N)		___	___	___
Has the student ever been involved in legal problems or been arrested? (Y/N)		___	___	___

10 Do you know other families that attend Mars Hill Academy?
 Y ___ N ___ If yes, please list some names. _____

11 Have you heard about Classical and Christian education before encountering Mars Hill Academy?
 Y ___ N ___ If yes, where? _____

TO MAKE THIS APPLICATION COMPLETE, PLEASE INCLUDE THE FOLLOWING:

Please initial beside each item when completed.

- _____ a. A \$175.00 application and testing fee per student, with a maximum of \$400 per family
- _____ b. Report cards from most recent marking period and the previous year
- _____ c. Most recent standardized test results (Name of test: _____ Grade: _____)

IN ADDITION, FOR SECONDARY (Grades 7-12) STUDENTS ONLY

- _____ d. A handwritten essay from the student explaining why he/she wants to attend Mars Hill Academy
- _____ e. Pastor Reference form

After the school receives the completed MHA Application along with the other requested materials, we will contact you to arrange a Family Interview. We strongly encourage you, if you haven't already, to visit our school, particularly the classroom(s) for which you are making application.

PARENT SIGNATURES

I certify that this application is correct to the best of my knowledge.

Date _____ Father _____ Date _____ Mother _____