

MARS HILL ACADEMY

APPLICATION FOR ADMISSION



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

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

Name of Student _____	Gender _____	DOB _____ / _____ / _____	Grade Applying for	Year _____	Grade _____
Name of Student _____	Gender _____	DOB _____ / _____ / _____	Year _____	Grade _____	
Name of Student _____	Gender _____	DOB _____ / _____ / _____	Year _____	Grade _____	
Name and age of pre-school aged siblings: _____					

Father's Name _____	Email _____
Father's Address _____	Home Phone () - _____
City/State/Zip _____	Cell Phone () - _____
County _____	School District _____
Place of Employment and Address _____	
Work Phone () - _____	Position _____

Mother's Name _____	Email _____
Mother's Address _____	Home Phone () - _____
City/State/Zip _____	Cell Phone () - _____
County _____	School District _____
Place of Employment and Address _____	
Work Phone () - _____	Position _____

- 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 yes, please explain.

- Are there any points in the *Foundational Documents* that are inconsistent with your own theological convictions? Y ___ N ___ If yes, please explain.

School name _____
 Phone _____
 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.

	<u>Student</u>		
	#1	#2	#3
a. Has the student ever been referred for academic testing or been placed in a special program for either remediation or enrichment? (Y/N)	___	___	___
b. Has the student ever received any other special help or tutoring? (Y/N)	___	___	___
c. Has the student ever repeated a grade for any reason? (Y/N)	___	___	___
d. Has the student received any special honors or awards for scholastic achievement? (Y/N)	___	___	___
e. 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)	___	___	___
f. Has the student ever been examined or treated by a counselor/doctor/psychiatrist for Hyperactivity or Attention Deficit Disorder (ADD or ADHD)? (Y/N)	___	___	___
g. Do you suspect or have you been told that your child might have dyslexia? (Y/N)	___	___	___
h. 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:

- a. A \$175.00 application and testing fee per student, with a maximum of \$400 per family
- b. Report cards from most recent quarter and the previous year
- c. Most recent standardized test results

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.

PARENTAL SIGNATURE

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

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Date _____ Father _____

Date _____ Mother _____

*Mars Hill Academy
4230 Aero Drive
Mason, OH 45040
www.marshall.edu*