

Please list all of the applicant's siblings:

Name	Date of Birth	Grade	School Attending
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EDUCATION

School now attending: _____ Current Grade: ____ Dates of Attendance: _____

SCHOOL ADDRESS CITY STATE ZIP PHONE NUMBER

HEAD OF SCHOOL OR PRINCIPAL

Teacher/Counselor who best knows the applicant: _____
NAME POSITION

Previous Schools Attended:

School	Grades	Dates of Attendance	Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REFERENCES

Please give two personal references to whom we may write and/or call for information about your son/daughter (e.g., classroom teacher, preschool teacher, school counselor).

Reference 1: _____
NAME POSITION

REFERENCE'S ADDRESS CITY STATE ZIP PHONE NUMBER

Reference 2: _____
NAME POSITION

REFERENCE'S ADDRESS CITY STATE ZIP PHONE NUMBER

CHURCH INFORMATION

MHCA encourages at least one parent and this student to be actively involved in a local Bible teaching church. Check all that apply: ___ father ___ mother ___ student ___ entire family

How long have you attended your current church? _____
Other: Please explain (i.e., actively searching for a church home)

Name of church attending: _____

Address: _____ City: _____ State: _____ Zip: _____

Minister's Name: _____ Phone Number: _____

In addition to Forms A and B of the admission packet, an application fee of \$25 is required before MHCA can begin processing your application. This fee can either be mailed by check or paid electronically on our website. After the Admission Office receives and processes your application, you will be contacted promptly to schedule an interview. Form C (Request for School Records) will be completed at that time.

I hereby affirm that all the information provided in this admission packet is true and accurate to the best of my knowledge. I understand that providing false information at any time during the enrollment process may disqualify my child or result in expulsion of an already enrolled student.

If applying online, please type your name and date in the fields below to serve as your signature.

PARENT / GUARDIAN SIGNATURE

DATE

FOR OFFICE USE ONLY

Application Received: _____

Interview Scheduled: _____

Interview Date/Time: _____

Determination of Admissions Committee: ___ Approved for 2009-2010

___ Approved, but placed on waiting list

___ Admission declined at this time

ADMINISTRATOR'S SIGNATURE

DATE

Mel Hux Christian Academy
Enrollment Application 2009-2010 School Year – Form B (continued)

6. Has this student received any assistance in the form of special education programming (including gifted and/or talented, special needs, or English as a Second Language instruction)?

Yes No If yes, please explain.

7. Does this student have any health irregularities, allergies, or educational challenges that might interfere with normal classroom and/or physical education activities or admission testing?

8. Please describe any other circumstances that have affected or may affect the applicant's performance or attendance in school (e.g., frequent change of schools, withdrawal, and suspension, skipped or repeated grades). Please include dates.

9. How did you learn about Mel Hux Christian Academy?

10. Please indicate specific questions you would like to discuss at your son's/daughter's interview: