



ELEMENTARY ADMISSION APPLICATION

MISSION BEND CHRISTIAN ACADEMY
3710 Highway 6, South ♦ Houston, Texas 77082
281-497-4057 ♦ Fax 281-497-3395

First Time Application

Grade/Class applying for _____ School Year _____

Candidate's Last Name _____ First _____ Middle _____

What name is your

child called at school _____ Sex: Male Female Date of Birth ____/____/____

I understand this application authorizes the school to investigate my child's academic record and to secure other pertinent information necessary to reach an admission decision. I voluntarily waive the right of access to all information and materials of any kind received by Mission Bend Christian Academy from any source in connection with the application.

Parent(s) Signature(s): _____ Date _____

_____ Date _____

PLEASE ATTACH A CHECK FOR \$200.00 TO COVER THE APPLICATION FEE.
THE CANDIDATE'S ORIGINAL BIRTH CERTIFICATE MUST ALSO BE ATTACHED.
(A copy will be made and the original Birth Certificate returned to you).
APPLICATION FEE IS NON-REFUNDABLE IF PARENT CHOOSES NOT TO ENROLL STUDENT

(If the student is not accepted by MBCA, \$150.00 of the application fee will be refunded.
\$50.00 of the application fee is non-refundable which covers testing and administrative fees).

FAMILY INFORMATION

Please fill in information on both parents

With whom does the applicant reside?	<input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian	<input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Guardian
Name		
Home Address		
City/State/Zip Code		
Home Telephone		
Title/Occupation		
Name of Company		
Business Telephone		
Cell Phone		
Religious/Church Affiliation		

Who stays with the child if both parents are employed? _____

Is a language other than English spoken at home? _____ Occasionally Often

Child's physician _____ Physician's Phone _____

Physician's address _____ State _____ Zip Code _____

Medications child is taking: _____

Persons to Call in Case of Emergency When Parent(s) Not Available:

(1) _____ Phone _____

(2) _____ Phone _____

Other Children in Family	Relationship to Candidate	Date of Birth	School Child Attends
Name: _____	_____	_____	_____
Name: _____	_____	_____	_____
Name: _____	_____	_____	_____
Name: _____	_____	_____	_____

Educational Record of Applicant			
Grade	Date	School	Was your child held back?
Pre-Kindergarten			XXXXXXXXXX
Kindergarten			
First			
Second			
Third			
Fourth			
Fifth			
Sixth			
Seventh			
Eighth			

Has applicant ever been asked to withdraw or denied admission from any school for any reason? Yes No
 If "Yes," please explain below.

Has your child had any diagnostic educational testing? Yes No If "Yes," please explain below.
 Please provide any other information about your child you feel should be known in evaluating this application.

How did you learn about Mission Bend Christian Academy? _____

Will your child be enrolled in Extended Day? Yes No

Financial Aid

I plan to apply for financial aid. Yes No

Mission Bend Christian Academy admits students of any race, color, religion, and national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, religion, and national and ethnic origin in the administration of its educational policies, admissions or financial aid policies, or other school administered programs.

OFFICE USE ONLY	Date Received	Check Number	Amount	Second Packet Sent
Test Date	Tested By	Test Score	Student Accepted <input type="checkbox"/> Yes <input type="checkbox"/> No	Acceptance Letter Sent