



# MILLERSVILLE CHRISTIAN ACADEMY

## Student Application

MILLERSVILLE CHRISTIAN ACADEMY DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, GENDER, NATIONAL OR ETHNIC ORIGIN.

Millersville Christian Academy  
130 Millersville Church Road  
Taylorsville NC 28681  
Office: (828) 352-9600  
Fax: (828) 352-9783  
Website:  
www.millersvillechristianacademy.org

### OFFICE USE ONLY

Date Rec'd \_\_\_\_\_ App \_\_\_\_\_ Check # \_\_\_\_\_  
References: T \_\_\_\_\_ C \_\_\_\_\_ G \_\_\_\_\_  
Grades Rec'd \_\_\_\_\_ Test Scores \_\_\_\_\_  
Interview \_\_\_\_\_  
Entered SD \_\_\_\_\_ Student ID \_\_\_\_\_

### STUDENT PERSONAL INFORMATION:

Please give **LEGAL** name of student:

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Birth date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_ Sex (M/F): \_\_\_\_\_ Race: \_\_\_\_\_

Birthplace: City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

Child is # \_\_\_\_\_ of \_\_\_\_\_ Grade for which application is being made: \_\_\_\_\_

### FAMILY INFORMATION:

**#1 Parent or Guardian's Name** \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home phone # \_\_\_\_\_ Cellular phone # \_\_\_\_\_ Work phone # \_\_\_\_\_

Place of Employment \_\_\_\_\_ Email \_\_\_\_\_

Church presently attending \_\_\_\_\_

Lives with Student (Y/N) \_\_\_\_\_ Mailings: Receives Mail (Y/N): \_\_\_\_\_ Responsible for Bill (Y/N) \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Widow (er) \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Remarried \_\_\_\_\_

**#2 Parent or Guardian's Name** \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home phone # \_\_\_\_\_ Cellular phone # \_\_\_\_\_ Work phone # \_\_\_\_\_

Place of Employment \_\_\_\_\_ Email \_\_\_\_\_

Church presently attending \_\_\_\_\_

Lives with Student (Y/N): \_\_\_\_\_ Mailings: Receives Mail (Y/N): \_\_\_\_\_ Responsible for Bill (Y/N): \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Widow (er) \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Remarried \_\_\_\_\_

**Party Responsible for Non-Tuition Charges** – Please check box if the person is the same as listed: ☐ If a different person will be responsible, please provide the requested information.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home phone # \_\_\_\_\_ Cellular phone # \_\_\_\_\_ Work phone # \_\_\_\_\_

Place of Employment \_\_\_\_\_ E-mail \_\_\_\_\_

**NOTE:** If one of the individuals who is listed as parent or guardian should not be contacted for some reason, please make note of that here by giving the name and a brief explanation: \_\_\_\_\_

\_\_\_\_\_

**OTHER CONTACTS:**

**NOTE:** In case of an emergency, parents or guardians will be contacted first unless above stipulations have been made.

Please list alternates below in case a parent cannot be reached.

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

**GRANDPARENTS INFORMATION:**

Mr / Mrs / Ms \_\_\_\_\_ Mailing Addr: \_\_\_\_\_

Mr / Mrs / Ms \_\_\_\_\_ Mailing Addr: \_\_\_\_\_

Mr / Mrs / Ms \_\_\_\_\_ Mailing Addr: \_\_\_\_\_

Mr / Mrs / Ms \_\_\_\_\_ Mailing Addr: \_\_\_\_\_

**MEDICAL INFORMATION:**

Insurance Co \_\_\_\_\_ Policy # \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone # \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical History: \_\_\_\_\_

Medications \_\_\_\_\_

**K3 students must have a physical examination and immunization record on file in the office before beginning classes.**

**Higher grade students must have an immunization record on file within 30 days after the first day of classes.**

**GENERAL INFORMATION**

Is the FATHER a Christian? \_\_\_\_\_ How frequently does he attend church? \_\_\_\_\_

Name of Church: \_\_\_\_\_ Pastor: \_\_\_\_\_

Does father use alcohol, or drugs? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Is the MOTHER a Christian? \_\_\_\_\_ How frequently does she attend church? \_\_\_\_\_

Name of Church: \_\_\_\_\_ Pastor: \_\_\_\_\_

Does mother use alcohol, or drugs? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Has the applicant accepted Jesus Christ as his or her Savior? \_\_\_\_\_ If yes, student should write a short testimony giving details of when, where, and how this event took place (if necessary continue on a separate sheet of paper).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do both parents or guardians support the decision to send this student to MCA? \_\_\_\_\_

If not, explain why \_\_\_\_\_

Give names and ages of brothers and sisters living at home: \_\_\_\_\_

List the names of any brothers or sisters already enrolled in MCA: \_\_\_\_\_

Are you applying for admission to MCA for all your other school age children? \_\_\_\_\_ If not, why? \_\_\_\_\_

In what grade is the student presently enrolled? \_\_\_\_\_ Is student currently holding a reservation for the fall at another school? \_\_\_\_\_ If so, where \_\_\_\_\_

How often has applicant changed schools? \_\_\_\_\_ At what grade levels \_\_\_\_\_

Give reason(s) \_\_\_\_\_

List previous school(s) attended:

Name of school

Complete address

Grade

Teacher's name

Has the applicant ever repeated a grade or course? \_\_\_\_\_ If so, which grade(s)/courses? \_\_\_\_\_  
Give reason(s) for repeating \_\_\_\_\_

Has the applicant ever been expelled, suspended, or been involved in frequent disciplinary action? \_\_\_\_\_  
Note which of the preceding actions and explain \_\_\_\_\_

Has the student been tested for a learning disability or other learning problem? \_\_\_\_\_  
If so, where and when? \_\_\_\_\_  
What were the results of the testing? \_\_\_\_\_

Is the student presently receiving special services in school? If so, of what type? \_\_\_\_\_

List any unusual factors in the applicant's life, such as, absence of parent(s), relatives in home, traumas/accidents, etc.

What spiritual training is provided in the home?

What are the family's goals for your child? \_\_\_\_\_

Why have you chosen to enroll your child in a private **Christian** school rather than a public or secular private school?

Please share any other information that you feel would be pertinent to the consideration of this application.

All elementary students remaining on school grounds after **3:15** pm must be under supervision at all times. Any remaining student not involved in a MCA supervised activity will be sent to the office or if applicable, to after school care at parents expense. Chronic tardiness to pick your child up on time is not an option and will be addressed by the principal.

**Attendance at Millersville Christian Academy is a privilege and not a right.** *If a student or parent does not agree with the handbook or cooperate with the purpose and program of MCA, the student will not be admitted or allowed to remain in the school. The administration reserves the right to refuse to define the criteria or reasons when applications are not accepted.*

\_\_\_\_\_  
(Father or Guardian-PRINT FULL NAME) (Date)

\_\_\_\_\_  
(SIGNATURE of Father or Guardian) (Date)

\_\_\_\_\_  
(Mother or Guardian-PRINT FULL NAME) (Date)

\_\_\_\_\_  
SIGNATURE OF Mother or Guardian) (Date)

**SIGNATURES OF BOTH PARENTS PREFERRED; ONE WILL BE ACCEPTED.**

Questions about admissions should be directed to [dulab@millersvillechristianacademy.com](mailto:dulab@millersvillechristianacademy.com) (828) 352-9600

**PLEASE MAIL OR DROP OFF A COMPLETED APPLICATION, A NON-REFUNDABLE \$250.00 APPLICATION FEE, AND ANY ACCOMPANYING DOCUMENTATION TO:**

Millersville Christian Academy  
130 Millersville Church Road  
Taylorsville, NC 28681

# Millersville Christian Academy

## STATEMENT OF COOPERATION

### IN MAKING THIS APPLICATION, I UNDERSTAND THAT:

1. It is my responsibility to offer faithful prayer and practical assistance and to honor my financial obligations.
2. It is my responsibility to support Millersville Christian Academy's standards of conduct. If questions or disagreements arise, I will take them directly to the teacher or administrative personnel involved. The school reserves the right to dismiss any student who does not respect its spiritual standards or cooperate in the educational progress.
3. All students' academic and behavioral records are reviewed annually for continued enrollment.
4. No refunds can be made on registration or monthly tuition once my child has been accepted. Millersville Christian Academy has the right to withhold report cards, diplomas, records, or transcripts of credits until all bills are paid in full.

### CONFESSION OF FAITH

Millersville Christian Academy unqualifiedly affirms and teaches the following as expressed in the doctrinal statement of the Baptist Faith and Message as adopted by the Southern Baptist Convention 2000:

1. The Bible, both the Old and New Testaments, is the only authoritative, inspired, infallible Word of God and is the final authority in faith and practice. (*II Timothy 3:16-17*)
2. There is one God, eternally existent in the persons of the Father, Son, and Holy Spirit. (*Matthew 28:19*)
3. The creation of the universe, world, and man in six literal days was a direct act of God. (*Exodus 20:11, Gen. 1*)
4. The deity of the Lord Jesus Christ, His virgin birth, His sinless life, His miracles, His vicarious and atoning death through His shed blood on the cross, His bodily resurrection, His ascension to the right hand of the Father, His personal return for the rapture of the Church, and the power and great glory at His revelation are essential doctrines to an understanding of the person and work of Jesus Christ. (*I Corinthians 15:3-4*)
5. For the salvation of lost and sinful men, regeneration by the Holy Spirit is absolutely essential. (*Titus 3:5-7*)
6. Personal salvation is by faith in the blood of Jesus Christ which He shed on the cross of Calvary for the remission of sins for all who believe. Salvation is the gift of eternal life by the grace of God apart from works. (*Titus 3:5-7; Ephesians 2:8-9*)
7. The believer is eternally secure in his salvation through Jesus Christ. (*John 10:28-29*)
8. There will be a resurrection of both the saved and the lost: they that are saved unto the resurrection of life; they that are lost unto the resurrection of damnation. (*I Thessalonians 4:16; Revelation 20:12*)
9. Believers in our Lord Jesus Christ are joined in a spiritual unity. (*Philippians 2:2*)
10. The Holy Spirit is a Person, and He is God, possessing all the divine attributes. He indwells, baptizes, and seals all believers at the moment of their salvation and fills them in response to their confession of sin and yieldedness. (*John 14:17; John 16:7-8*)
11. God has commanded that no intimate sexual activity be engaged in outside of a marriage between a man and a woman. Any form of homosexuality, lesbianism, bisexuality, bestiality, incest, fornication, adultery, and pornography are sinful perversions of God's gift of sex. God disapproves of and forbids any attempt to alter one's gender by surgery or appearance. (*Genesis 2:24; 19:5, 13; 26:8-9; Leviticus 18:1-30; Romans 1:26-29; I Corinthians 5:1; 6:9; 1 Thessalonians 4:1-8; Hebrews 13:4*)
12. The family is the basic unit of society established by God, Who intends for it to consist of a man and a woman legally married to each other in a permanent relationship, which may or may not produce children. If the man and woman have children, they are responsible to train and teach those children in biblical principles. (*Genesis 2:24; Deuteronomy 6:6-7; Romans 7:2; 1 Corinthians 7:10; Ephesians 5:22-23*)

**I understand these doctrines, and I will be supportive of the teaching of them.**

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# TEACHER'S REFERENCE

**TO THE PARENT:** Please complete the top section of this form; then give it to a person who has taught your child in school (not Sunday School) within the past year.

**TO BE COMPLETED BY THE PARENT:**

I give my permission for the following information to be released to Millersville Christian Academy. I understand that it will be treated confidentially and will not be released to me or anyone else other than the administration of MCA.

Name of Student: \_\_\_\_\_ Grade Applying For: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY THE PERSON MAKING THE RECOMMENDATION:**

1. How long have you known this child? \_\_\_\_\_ How well? \_\_\_\_\_

2. In what subject(s)/grades(s) did you teach him/her? \_\_\_\_\_

3. As a student is he/she above average, average, or below average in performance? \_\_\_\_\_

In motivation? \_\_\_\_\_ In behavior? \_\_\_\_\_

In self-esteem? \_\_\_\_\_ In work habits? \_\_\_\_\_

4. Is the family supportive of the school and the teacher? \_\_\_\_\_

5. What are this child's greatest strengths? \_\_\_\_\_

6. Does he/she have special academic needs? \_\_\_\_\_

7. Does he/she have an IEP or 504 plan? \_\_\_\_\_

Additional Comments: \_\_\_\_\_

I recommend this student: Yes \_\_\_\_\_ No \_\_\_\_\_ With this reservation \_\_\_\_\_

Name: (print) \_\_\_\_\_ Name of school: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE FAX OR MAIL WITHIN 3 DAYS.**

Millersville Christian Academy  
ATTENTION: Brent Dula  
130 Millersville Church Rd.  
Taylorsville, NC 28681  
Office: 828-352-9600  
FAX: 828-352-9783

**If you have any questions, please call 828-352-9600.** Thank you for your help with this student's application process.

**In view of the Family Education Rights and Privacy Act of 1974, it is the policy of Millersville Christian Academy to destroy all reference forms as soon as final admissions decision is made and no later than the day before the new student registers.**

# CHURCH REFERENCE

**TO THE STUDENT:** Please complete the top section of this form; then give it to your pastor, youth pastor, or Sunday School teacher.

**TO BE COMPLETED BY THE STUDENT AND PARENT:**

**I give my permission for the following information to be released to Millersville Christian Academy. I understand that it will be treated confidentially and will not be released to me or anyone else other than the administration of MCA.**

Name of Student: \_\_\_\_\_ Grade For Which Applying: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Student: \_\_\_\_\_  
Date: \_\_\_\_\_

**TO BE COMPLETED BY THE PERSON MAKING THE RECOMMENDATION:**

1. How long have you known this person? \_\_\_\_\_ As Pastor Youth Pastor S S Teacher (Circle one.)
2. To the best of your knowledge, is this student saved? \_\_\_\_\_
3. Is he/she a member of your church? \_\_\_\_\_ An active member? \_\_\_\_\_
4. Are the parents active and supportive church members? \_\_\_\_\_
5. Does the family appear to be supportive of Christian education? \_\_\_\_\_
6. What are this person's greatest strengths? \_\_\_\_\_
7. What are his/her weaknesses? \_\_\_\_\_

Additional Comments: \_\_\_\_\_

I recommend this student: Yes \_\_\_\_\_ No \_\_\_\_\_ With this reservation: \_\_\_\_\_

Signature of person filling out form: \_\_\_\_\_ Name of church: \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip

Phone #: ( ) \_\_\_\_\_ Date: \_\_\_\_\_

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# GENERAL REFERENCE

**TO THE PARENT:** Please complete the top section of this form; then give it to an adult (not a relative) who knows your child well. Your application is not complete until this information is received.

**TO BE COMPLETED BY THE PARENT:**

**I give my permission for the following information to be released to Millersville Christian Academy. I understand that it will be treated confidentially and will not be released to me or anyone else other than the administration of MCA.**

Name of Student: \_\_\_\_\_ Grade Applying For: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY THE PERSON MAKING THE RECOMMENDATION:**

1. How long have you known this child? \_\_\_\_\_ In what capacity? \_\_\_\_\_

2. Does this student show evidence of good character? \_\_\_\_\_

3. Would you want your child to attend school with this student? \_\_\_\_\_

4. What are this child's greatest strengths? \_\_\_\_\_

5. What are his/her weaknesses? \_\_\_\_\_

Additional Comments: \_\_\_\_\_

I recommend this student: Yes \_\_\_\_\_ No \_\_\_\_\_ With this reservation \_\_\_\_\_

Name (please print) \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_ Date: \_\_\_\_\_

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