

# K-8th Grade Application for Admission

The non-refundable application fee must accompany application when submitted.



## MORNING STAR CHRISTIAN SCHOOL

School Year 20\_\_ - 20\_\_

Grade Applying For: \_\_\_\_\_

### STUDENT INFORMATION:

Student's Name: \_\_\_\_\_  
First Middle Last

Date of Birth: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_ Primary Phone: \_\_\_\_\_

Please list any allergies, medical conditions or regular medications: \_\_\_\_\_

Ethnicity / Race: \_\_\_ American Indian \_\_\_ Hispanic/Latino \_\_\_ Black/African American \_\_\_ Asian \_\_\_ White Other: \_\_\_\_\_

### TRANSFER STUDENTS:

Previous School: \_\_\_\_\_  
School City, State Phone Number

Has this student experienced any discipline or conduct problems, school suspension, expulsion, grade retention, double promotion, IEP or special education services? \_\_\_ Yes \_\_\_ No If Yes, please specify: \_\_\_\_\_

### RESIDENTIAL PARENT/GUARDIAN INFORMATION:

\_\_\_\_\_  
First Last Primary Phone Relationship to Student

\_\_\_\_\_  
Email Second Phone Employer / Work Phone

\_\_\_\_\_  
First Last Primary Phone Relationship to Student

\_\_\_\_\_  
Email Second Phone Employer / Work Phone

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

### NON-RESIDENTIAL PARENT INFORMATION:

\_\_\_\_\_  
First & Last Name(s) Phone(s) Relationship to Student

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

\_\_\_\_\_  
Email Second Phone Employer / Work Phone

Email Announcements? \_\_\_ Yes \_\_\_ No

**IN CASE OF AN EMERGENCY (Other than those listed previously):**

\_\_\_\_\_  
Name Phone Number Relationship Authorized to pick up? Y N

\_\_\_\_\_  
Name Phone Number Relationship Authorized to pick up? Y N

\_\_\_\_\_  
Name Phone Number Relationship Authorized to pick up? Y N

**PICK-UP AUTHORIZATION (Other than those listed above)**

\_\_\_\_\_  
Name Phone Number Relationship

\_\_\_\_\_  
Name Phone Number Relationship

\_\_\_\_\_  
Name Phone Number Relationship

**MEDICAL & INSURANCE INFORMATION**

\_\_\_\_\_  
Physician Telephone Number

\_\_\_\_\_  
Medical Insurance Name Policy Holder Name Medical Group/Policy Number

**FIELD TRIP AND MEDICAL RELEASE**

I hereby certify that my child has permission to participate in all school sponsored activities on or off school premises. Morning Star Christian School has permission to transport my child with an authorized driver. It is understood that participants and their parents assume risk of loss, sickness, or injury resulting from these activities.

I hereby authorize any member of the staff of Morning Star Christian School or approved volunteers to administer first aid as required for illness or injury or consent to emergency medical treatment as deemed necessary by medical personnel including ambulance service or transport for the child. I understand that every effort will be made to contact the parent or legal guardian at the time that my child needs emergency care.

This authorization is effective for the current school year.

\_\_\_\_\_  
Parent/Guardian Signature Date

**PHOTO/VIDEO RELEASE FORM**

I hereby give permission for images of my child, captured during regular and special Morning Star Christian School activities through video, photo and digital camera, to be used solely for the purposes of MSCS promotional material, publications, MSCS website, including television exposure and/or advertising, and waive any rights of compensation or ownership thereto.

\_\_\_\_\_  
Parent/Guardian Signature Date

For Office Use Only:  
Application Received Date: \_\_\_\_\_ Application Fee: \_\_\_\_\_ Immunization Record: \_\_\_\_\_ Birth Certificate: \_\_\_\_\_  
Medical Release Form: \_\_\_\_\_ Family Release Form: \_\_\_\_\_ Teacher: \_\_\_\_\_ Before Care: \_\_\_\_\_ After Care: \_\_\_\_\_