



**MIAMI CHRISTIAN SCHOOL**  
 200 N. W. 109 Avenue / Miami, Florida 33172  
 Phone (305) 221-7754 [www.miamichristian.org](http://www.miamichristian.org)

**FOR OFFICE USE ONLY:**

Date received \_\_\_\_\_  
 Appl. fee paid \_\_\_\_\_  
 Tested on \_\_\_\_\_  
 Interviewed \_\_\_\_\_  
 References rec'd \_\_\_\_\_  
 L.O.A. sent \_\_\_\_\_  
 Transcript req. \_\_\_\_\_  
 Transcript rec'd. \_\_\_\_\_  
 Waiting Pool \_\_\_\_\_  
 Rejected \_\_\_\_\_

**ELEMENTARY/MIDDLE SCHOOL APPLICATION**

**PERSONAL INFORMATION**

Student's Name (Last) \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_  
 Student's Social Security Number: \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Referred by: \_\_\_\_\_

Sex: ___ M ___ F Date of Birth ____/____/____ Birth Place _____	NON-IMMIGRANT Citizenship _____ INS Status _____	Names and ages of brothers and sisters: _____ _____ _____	Grade last attended ____ Grade entering ____ Any grade repeated ____
---	--	--	--

**FAMILY INFORMATION**

Father's Name _____ Spouse's Name _____ Address _____ (if not the same as the student) _____ Work Phone _____ Cell _____ Occupation _____ Employer _____ Please check if any of the following apply: ___ Custody ___ Joint custody ___ No custody right ___ Financially responsible College Ed _____ yrs Level of Education _____	Mother's Name _____ Spouse's Name _____ Address _____ (if not the same as the student) _____ Work Phone _____ Cell _____ Occupation _____ Employer _____ Please check if any of the following apply: ___ Custody ___ Joint custody ___ No custody right ___ Financially responsible College Ed _____ yrs Level of Education _____
Family Church _____ How often does applicant attend church? ___ weekly	Address _____ ___ monthly ___ quarterly ___ holidays

Person or persons with whom the student lives (if other than parents) \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_ Wk phone \_\_\_\_\_ Cell phone \_\_\_\_\_

## ACADEMIC HISTORY

List, in chronological order, all schools attended, beginning with the most recent first and including kindergarten.

Dates	Grades	School	Address

1. Academic awards or honors earned:

---

---

---

---

2. Ever dismissed from or suspended from any school?       yes     no    If yes, explain

---

---

---

---

3. Would your child need assistance and/or modifications to the school's programs and services in order to fully participate in the programs?    Circle Yes or No

*Any request for assistance must be made to the Learning Resource Director.*

---

---

---

---

---

**PERSONAL RESPONSES**

PLEASE ANSWER THE FOLLOWING QUESTIONS AS COMPLETELY AND HONESTLY AS POSSIBLE

---

1. What is your definition of a Christian?

---

---

---

---

2. Based on this definition, are both parents Christians?

Father \_\_\_\_\_

Mother \_\_\_\_\_

3. How or from whom did you learn about Miami Christian School?

---

---

---

4. What led you to specifically choose Miami Christian School for your child?

---

---

---

5. Are you applying for the admission of all your children of our school age? \_\_\_ Yes \_\_\_ No If not, why?

---

---

---

6. What do you consider some of your child's strongest personality traits? (i.e., well behaved, poised, responsible, congenial, reticent, temperamental, aggressive, domineering, fearful, etc.)

---

---

---

---

---

## REFERENCES

---

---

Please supply names, addresses and phone numbers for the following:

A. A **classroom teacher** who taught your child during the most recent school year

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

B. A **pastor or youth pastor** who can comment on your child's spiritual condition

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

C. **Another adult**, such as a coach, scoutmaster, or family friend, who knows your child and has had contact with him/her in situations outside of a classroom.

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

In making this application, I understand that, should my child be accepted for admission, I agree to comply with the following:

1. My child will be expected to participate in all scheduled field trips and other curricular activities.
2. My cooperation and support is expected in the discipline of my child at school and at all school-sponsored events.
3. My cooperation is expected in: (a) regular tuition payment, (b) practical help, (c) faithful prayer and (d) special gifts.
4. While enrolled, the school reserves the right to dismiss any student who exhibits behavior which is inconsistent with the spiritual, educational and conduct standards of Miami Christian School as explained in the student handbook, without refunding tuition fees paid to date.
5. School officials are authorized to secure emergency medical treatment for my child should he/she become seriously ill or injured and the parents cannot immediately be reached.
6. The non-refundable application/testing fee is due with this application.
7. Immunization form 680 & Physical Form 3040 plus birth certificate are required before beginning school.
8. All fees are non-refundable (see enrollment form)

Signature of both parents is preferred; one will be accepted.

Father \_\_\_\_\_ Mother \_\_\_\_\_

