



MIDWAY COVENANT CHRISTIAN SCHOOL

Application for Admission

K4/3day K4/5day K5/half day K5/full day OR Rising _____ Grade

STUDENT INFORMATION

Name _____ Sex: _____ F _____ M
Last First Middle

Name student goes by _____

Address _____

City _____ County _____ State _____ Zip _____

Age _____ Date of Birth _____ Place of Birth _____

School previously attended _____

Is there anything about the last school year that Midway should know in order to best teach your child? _____

SIBLINGS

Name	Age	Grade	School

PARENT INFORMATION

Father's Name _____ Mother's Name _____

Address _____ Address _____
If different from above If different from above

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

Email Address _____ Email Address _____

Occupation _____ Occupation _____

Employer _____ Employer _____

Business Phone _____ Business Phone _____

Marital Status _____ Marital Status _____

Student lives with _____ Dad _____ Mom _____ Both Parents

If divorced, are there restrictions on custody, visitation, etc. of which we should be aware?
_____ Yes _____ No

If so, please specify: _____

CHURCH INFORMATION

Father's Church Affiliation _____ Member: Yes ___ No ___

Mother's Church Affiliation _____ Member: Yes ___ No ___

Pastor's Name _____ Phone Number _____

Which most accurately describes your church attendance?

- _____ Active
- _____ Attend Occasionally
- _____ Children Attend
- _____ Attend a few times a year

EMERGENCY INFORMATION

Student's Physician _____ Phone Number _____

In case your child needs to be sent home from school due to an emergency and we cannot reach you, to whom may he/she be sent?

Name _____ Name _____

Address _____ Address _____

Phone Number _____ Phone Number _____

Relationship _____ Relationship _____

BIBLICAL INFORMATION

Do you have regular family prayer and Bible reading in your home? _____ YES _____ NO

Is it a high priority? _____ Yes _____ No

On what Biblical principle(s) do you base your home life?

Why do you want your child to attend a Christian school?

Testimony and Church Background of Parents

~Please include how you came to know Jesus Christ as your Savior and Lord.~

FATHER:

MOTHER:

You may write your testimony on a separate sheet of paper and enclose it with the application.

STUDENT HEALTH FORM

Student's Name _____ Today's Date _____

List any current health problems _____

List any chronic health problems _____

Does your child suffer from any of the followings?

Asthma _____ Hay Fever _____ Diabetes _____ Hypoglycemia _____

Allergies (please specify) _____

Does your child have any allergic reactions to any medicines? Yes _____ No _____

If yes, what? _____

Does your child have any physical limitations due to a physical handicap or an accident? _____

If so, please explain: _____

Does your child have any hearing difficulties? _____ Has a doctor been consulted? _____

What is being done to treat the disorder? _____

Does your child have any visual problems? _____ Has a doctor been consulted? _____

What is being done to treat the disorder? _____

Should your child wear glasses in school? _____

Does your child have any unusual health problems that the school should be aware of?

Does your child have any physical, emotional or attention problems which require special medication or limited participation in certain activities? Yes _____ No _____

If yes, please explain: _____

Please include a copy of your child's CURRENT immunization record with the application.