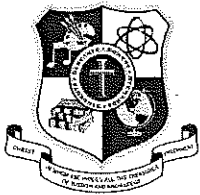


## SIBLING ENROLLMENT CHECKLIST

- \_\_\_\_\_ Enrollment application for sibling.
- \_\_\_\_\_ Birth Certificate
- \_\_\_\_\_ Current Immunization Record
- \_\_\_\_\_ "Request for Records" form signed and taken to your child's current school, **if applicable. \*\***
- \_\_\_\_\_ "Teacher/Principal Recommendation" form taken to child's current school, **if applicable. \*\***

**\*\*School records and the recommendation form should be sent to Midway directly from your child's school. If the sibling is in grades 1 – 7, you may include a copy of his/her current report card and standardized test scores if you have a copy at home. However, a copy is required to be sent from the current school.**



# MIDWAY COVENANT CHRISTIAN SCHOOL

## SIBLING APPLICATION

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 \_\_\_\_\_  
If different from above

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

## 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? \_\_\_\_\_

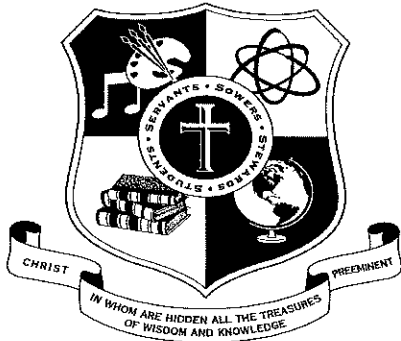
Should your child wear glasses in school? \_\_\_\_\_

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.**



Midway Covenant Christian School  
4635 Dallas Highway  
Powder Springs, Georgia 30127  
(770) 590-1866

## REQUEST FOR RECORDS

\_\_\_\_\_ has applied for admission to  
**Midway Covenant Christian School.**

Please send a complete transcript of all school records including, but not limited to :

Report Cards  
Achievement Test Scores  
Results of Psychological Tests  
Immunization Records  
Attendance Records  
Birth Certificate  
Behavior Record

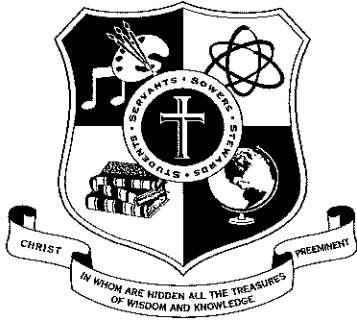
-----  
**\*\*Please include with the transcript the attached  
Teacher/Principal Recommendation Form.\*\***  
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As the parent(s) or legal guardian of \_\_\_\_\_,  
I (we) request that all school records be forwarded to **Midway Covenant  
Christian School** at the above address.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

Mail the records to Midway Covenant Christian School at the address above or scan and email it to  
[midwayoffice@midwayschool.org](mailto:midwayoffice@midwayschool.org). Please do not fax.



Midway Covenant Christian School  
 4635 Dallas Highway  
 Powder Springs, Georgia 30127  
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## TEACHER/PRINCIPAL RECOMMENDATION

(CONFIDENTIAL)

Student Name: \_\_\_\_\_

School Name: \_\_\_\_\_

Teacher/Principal: Thank you for taking the time to give us your candid appraisal of this student. Your evaluation will be held in strict confidence.

	Below Average	Average	Above Average
Reading Ability			
Writing Ability			
Math Ability			
Oral Communication			
Effort			

	Below Average	Average	Above Average
Self Discipline			
Respect for Authority			
Honesty			
Peer Relationships			
Teachable Spirit			

MCCS does not have the staff/materials/or equipment to provide adequate instruction for students with significant learning or behavior disabilities. To the best of your ability, does this student have any such problem?

NO  YES If yes, please specify \_\_\_\_\_

Have parents been consistently cooperative and supportive of your school program, policies and procedure?

NO  YES If no, please specify \_\_\_\_\_

Have financial obligations been met in a timely fashion?

NO  YES If no, please specify \_\_\_\_\_

How long have you known this student? \_\_\_\_\_

ADDITIONAL COMMENTS:

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

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Mail this form to Midway Covenant Christian School at the address above or scan and email it to [midwayoffice@midwayschool.org](mailto:midwayoffice@midwayschool.org). Please do not fax.**