



Montgomery Christian School

3265 McGehee Road – Montgomery, AL 36111
Contact – Kathi Atkins, Principal – 334-386-1749
katkins@montgomerychristianschool.org
www.montgomerychristianschool.com

Application for Admission to Kindergarten through 5th Grade

We are delighted that you are considering Montgomery Christian School as the place to educate your child. We are committed to providing an academically challenging, education, in a Christian environment, with an affordable, income-based tuition. Our faculty is committed to their calling for God's glory and your child's good with the goal of accomplishing the following:

- Develop academic proficiency as a foundation for lifelong learning
- Build a sense of personal responsibility, courage and self-discipline
- Involve parents in the educational process of their children
- Create partnerships involving parents, child, school, and church to build community

Montgomery Christian School is a non-denominational school that does not discriminate on basis of race, color, national or ethnic origin in the administration of its student admissions and school programs.

This application is the first of a three step admission process:

Step 1 – Checklist

Submit the following items to the School. Your application will be reviewed by the admissions committee in a timely manner upon receipt of all materials in the checklist below.

- Completed application (attached)
- Copy of the most recent report card (if in school previously)
- Copy of the most recent standardized test score (if tested)
- Teacher recommendation form given to current/former teacher
- Copy of birth certificate
- Copy of Social Security Card
- \$50 non-refundable application fee
- Financial Aid Application (attached at the end of this enrollment form)

Step 2 – Interview and Testing

An appointment will be set up for an interview and testing with your child. You will be informed of the tuition amount based on your financial aid application submitted in Step 1.

Step 3 – Committee Decision

You will be informed of the admission committee's decision within two weeks of interview and testing.

Completion of Step 1 and Step 2 does not guarantee admission.

After acceptance, you must furnish:

- School forms packet (given to you by the previous school office)
- Immunization (Blue Card) – we can access through Health Department
- Uniforms for your child(ren)

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Student Name _____
First Name Middle Name Last Name

Date of First Application _____ Birth Date _____ Grade Applying for _____

Sex ____ Social Security # _____ Parent/Guardian Email _____

Home Address _____

City _____ Zip _____ Home Phone # _____

Mailing Address (if different) _____

City _____ Zip _____ Parent/Guardian Cell Phone # _____

Zoned Public School _____ Place of Worship _____

DESCRIPTION OF STUDENT

In 3-4 sentences, please describe the applicant. Include ways, both general and specific, that you expect your child to benefit from a Montgomery Christian School education: _____

SCHOLASTIC INFORMATION

Current School Name _____

Address _____ City _____ State _____ Zip _____

Grades Attended _____ School Phone Number _____

Grades have averaged: A B C D F Conduct has been: A B C D F

Has the student ever repeated any grade? () YES () NO If yes, grade repeated: _____

Has the student been suspended or asked to leave any school? () YES () NO

If yes, please explain: _____

Has the student been recommended for Individual Education Plan? () YES () NO

If yes, please explain: _____

Has the student had any discipline problems at school? () YES () NO

If yes, please explain: _____

What is your primary reason for selecting Montgomery Christian School? _____

FAMILY INFORMATION

Student lives with: Both Parents ___ Father Only ___ Mother Only ___
 Mother/Stepfather ___ Father/Stepmother ___ Guardian ___ Other ___

Which parent has legal responsibility for:
School Related Decisions _____
Tuition Payment _____
Custody of the Student _____
Receiving School Communications _____

FATHER () Natural () Stepfather

MOTHER () Natural () Stepfather

Name _____
 First Middle Last

Name _____
 First Middle Last

Home Phone # _____

Home Phone # _____

Cell Phone # _____

Cell Phone # _____

Email _____

Email _____

Address _____

Address _____

City, State, Zip _____

City, State, Zip _____

Occupation _____

Occupation _____

Employer _____

Employer _____

Business Phone # _____

Business Phone # _____

Business Address _____

Business Address _____

City, State, Zip _____

City, State, Zip _____

GUARDIAN INFORMATION: If other than Father or Mother above:

Name _____ Home Phone # _____

Address _____ Cell Phone # _____

City, State, Zip _____ Email _____

Employer _____ Business Phone # _____

Business Address _____ City, State, Zip _____

Person(s) to contact in case of emergency if parent cannot be reached.

Name/relationship _____ Phone _____

Name/relationship _____ Phone _____

Please list names of individuals whom you consent to pick up your child if you are unable to pick him/her up. Your child will not be released to anyone other than those listed. **It is your responsibility to keep this list up to date as needed.** This is for your child's protection.

Name/relationship _____ Phone _____

Name/relationship _____ Phone _____

Name/relationship _____ Phone _____

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MEDICAL HISTORY FORM

Student's Name: _____

Person to call in case of an emergency, if parent cannot be reached: _____

Phone: _____ Relationship to Child: _____

Does your child have any known allergies of any type: Yes ____ No ____

If yes, please list the allergies: _____

Is your child presently on any type of medicine (either prescription or other)? Yes ____ No ____

If yes, list all medications, the amount taken, how often taken, and the prescribing doctor.

Does your child suffer from a serious medical condition? Yes ____ No ____

If yes, please list conditions: _____

Has your child, in the past, suffered from a serious medical condition? Yes ____ No ____

If yes, list conditions and dates when child had the condition.

STATEMENT BY PARENT/LEGAL GUARDIAN: To the best of my knowledge, I have provided all information requested above as to my child's past or present known medical conditions and any current medications. I state that at this time, to my knowledge, my child suffers from no contagious disease or condition; and if my child should contract any contagious condition, I understand that I must inform the Montgomery Christian School staff of the condition immediately. If my child is in need of emergency medical care while participating in the Montgomery Christian School Kindergarten, I hereby authorize a representative of the school to contact emergency medical providers to attend to the emergency situation.

Signature of Parent/Legal Guardian

Date

PARENT / GUARDIAN COVENANT

As a Parent / Guardian, if my student is accepted to attend Montgomery Christian School, I commit to:

- ✦ Insuring that my child is in school EVERY DAY with necessary uniform, lunch, books, materials, and supplies except in case of serious illness.
- ✦ Making sure my child arrives at school with ample time to organize books and supplies and be seated in class by 8:00 AM.
- ✦ Provide a sack lunch (cannot be heated at school) and drink for your child each day.
- ✦ Attending one (1) report card conference. If I am unable to attend at the designated time, I must call the school to arrange an alternative time.
- ✦ Attending regularly scheduled Parent / Teacher meetings.
- ✦ Facilitating communication with the school by keeping my phone number and address up to date and responding promptly to phone calls, and notes home from the office or teacher.
- ✦ Working with school staff to promote appropriate speech, behavior and social development in my child. Close cooperation and rapid response are particularly important when my child's behavior is not in accordance with the standards of Montgomery Christian School.
- ✦ Picking up my child at the end of the school day between 3:00 p, - 3:20 pm.
- ✦ Providing my child with a quiet, distraction-free environment for homework and studies. This area should be free of television, radios, video games and young children.
- ✦ Providing my child ample time in evenings and on weekends to complete assignments and studies.
- ✦ Providing my child with ample rest for the following day's activities.
- ✦ Meeting all my financial obligations to the school in a timely manner.
- ✦ Keep all address and phone numbers current throughout the school year, in case of an emergency.

Signature of Parent/Legal Guardian

Date

Montgomery Christian School admits students of any race, color, national origin, and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national origin, and ethnic origin in administration of its educational policies, admission policies, scholarship programs, and other school-administered programs.



MONTGOMERY CHRISTIAN SCHOOL
Confidential Recommendation Form

1st – 5th grades

Please Complete and Return to:
 Montgomery Christian School Admissions
 3265 McGehee Rd. Montgomery, AL 36111

Or email to: info@montgomerychristianschool.org

TO BE COMPLETED BY THE APPLICANT:

Applicant Name: _____ Grade: _____ School Year: _____

School Presently Attending (public or private): _____

My child is an applicant for admission to Montgomery Christian School. I, the parent/guardian, hereby authorize you, the teacher or principal, to release the following confidential recommendation form to Montgomery Christian School. *I, the parent/guardian, waive my right to review the information provided on this form.*

 Signature of Parent Date: _____

STUDENT’S CURRENT TEACHER OR PRINCIPAL MUST COMPLETE THIS FORM

Montgomery Christian School considers it important to have your appraisal of this applicant’s ability, conduct, personality, and character. Your cooperation in answering these questions is appreciated. Please mail the form directly to Montgomery Christian School and feel free to contact the Admission’s Office concerning this application 334-386-1749. *Your answers are strictly confidential.*

How do you know this applicant? _____

How long have you known this applicant? _____

In relation to others on the applicant’s grade level whom you have known, please rate the applicant’s *academic skills* by check the appropriate boxes.

	Excellent	Good	Average	Below Average	No Basis for Judgement
Academic Potential	<input type="checkbox"/>				
Academic Achievement	<input type="checkbox"/>				
Study/Work Habits	<input type="checkbox"/>				
Critical/Abstract Thinking Skills	<input type="checkbox"/>				
Organizational Skills	<input type="checkbox"/>				
Accepts Responsibility for Work	<input type="checkbox"/>				
Ability to Work Well with Others	<input type="checkbox"/>				
Ability to Listen/Follow Directions	<input type="checkbox"/>				
Creativity	<input type="checkbox"/>				
Oral Expression of Ideas	<input type="checkbox"/>				
Intellectual Curiosity	<input type="checkbox"/>				

Describe the strengths of the student and how they have been demonstrated: _____

Describe the growth areas of the student and how they have been evident: _____

What do you consider to be this student’s greatest needs? _____

In relation to others on the applicant's grade level whom you have known, please rate the applicant's *personal characteristics and qualities* by checking the appropriate boxes.

	Excellent	Good	Average	Below Average	No Basis for Judgement
Conduct & Discipline	<input type="checkbox"/>				
Attitude Towards School	<input type="checkbox"/>				
Initiative/Motivation	<input type="checkbox"/>				
Self-Control	<input type="checkbox"/>				
Reaction to Criticism	<input type="checkbox"/>				
Effort/Perseverance	<input type="checkbox"/>				
Attendance/Timeliness	<input type="checkbox"/>				

Attention Span	<input type="checkbox"/> engaged	<input type="checkbox"/> attentive	<input type="checkbox"/> variable attention	<input type="checkbox"/> requires redirection
Cooperation	<input type="checkbox"/> always	<input type="checkbox"/> sometimes	<input type="checkbox"/> occasionally	<input type="checkbox"/> never
Leadership Potential	<input type="checkbox"/> leads	<input type="checkbox"/> leads and Follows	<input type="checkbox"/> leads occasionally leads	<input type="checkbox"/> never leads
Relation to Peers	<input type="checkbox"/> role model	<input type="checkbox"/> healthy relationships	<input type="checkbox"/> some problems	<input type="checkbox"/> relates poorly
Respect for Authority	<input type="checkbox"/> courteous	<input type="checkbox"/> usually positive	<input type="checkbox"/> occasional problems	<input type="checkbox"/> shows little respect
Concern for Others	<input type="checkbox"/> very considerate	<input type="checkbox"/> considerate	<input type="checkbox"/> usually considerate	<input type="checkbox"/> rarely considerate
Personal Integrity	<input type="checkbox"/> highly trustworthy	<input type="checkbox"/> trustworthy	<input type="checkbox"/> usually trustworthy	<input type="checkbox"/> questionable
Emotional				
Stability/Maturity	<input type="checkbox"/> very mature/stable	<input type="checkbox"/> age appropriate	<input type="checkbox"/> sometimes	<input type="checkbox"/> immature/unstable
Self Confidence	<input type="checkbox"/> healthy self-image	<input type="checkbox"/> needs some support	<input type="checkbox"/> seems over confident	<input type="checkbox"/> poor self-image
Parental Support	<input type="checkbox"/> actively involved	<input type="checkbox"/> cooperative	<input type="checkbox"/> overly protective	<input type="checkbox"/> antagonistic

Has this student had any discipline/conduct problems at your school? Yes No

If Yes, please explain: _____

Has this student ever been suspended, expelled, or placed in any kind of alternative to a suspension program?

Yes No

If Yes, please explain: _____

Please describe the family's relationship with the faculty, church, organization, etc.: _____

Is this applicant eligible to return to your school for the next grade level? Yes No

Overall Recommendation:

Recommend with enthusiasm Recommend Recommend with reservations Cannot recommend

May we contact you personally for additional information? Yes _____ No _____

 Evaluator's Name (please print)

 Date

 School

 Signature of Evaluator

 email address

 School Address

 Position

 Contact Number