



## NEW ENROLLMENT PARENT/GUARDIAN INFORMATION

### School Year 2020–2021 Mississippi Valley Christian School

2009 Seminary Street, Alton, IL 62002

PLEASE COMPLETE A STUDENT APPLICATION FORM FOR EACH NEW STUDENT

#### PARENTAL/GUARDIAN INFORMATION

Father's Name			Mother's Name		
Address	City	Zip	Address	City	Zip
Home Phone			Home Phone		
Cell Phone			Cell Phone		
Email			Email		
Employer			Employer		
Work Phone			Work Phone		
Occupation			Occupation		
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single Parent			Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single Parent		
Have you accepted Christ as Savior?		Age?	Have you accepted Christ as Savior?		Age?
Name of Church Attending			Pastor's Name		
Father's Level of Church Involvement <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low			Mother's Level of Church Involvement <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low		
By God's grace, I will endeavor to faithfully have my family attend church on a weekly basis: <input type="checkbox"/> Yes <input type="checkbox"/> No					

Guardian's Name		Email	
Address		City	Zip
Home Phone		Cell Phone	
Employer	Work Phone		Occupation
Name of Church Attending		Level of Church Involvement <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	

#### ADDITIONAL INFORMATION

State number of children enrolling: \_\_\_\_\_ Grades \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Please list names and ages of other children living at home: \_\_\_\_\_

\_\_\_\_\_

Please state why you wish your child(ren) to attend MVCS: \_\_\_\_\_

How did you hear of MVCS? \_\_\_\_\_

My child/children will need: Before Care:  Yes  No After Care:  Yes  No (If Yes to either of these questions, please complete separate Before and After School Care Enrollment Form)

Number of children: \_\_\_\_\_ Please circle days: M Tu W Th F Approximate Time: \_\_\_\_\_

**PARENTAL/GUARDIAN STATEMENT OF COOPERATION**

I have carefully read the current *Parent Student Handbook* and understand the mission of Mississippi Valley Christian School and pledge to support the school in its efforts to serve my family and pursue its mission. I will discuss with my child(ren) all areas of the handbook that pertain specifically to my child(ren) and will stress the importance of cooperation in spirit and in action. I will ensure that my child participates in all required school activities such as school programs.

I pledge to address any school concerns to the appropriate school staff, according to Matthew 18:15-17, meet my financial obligations, support the school in any disciplinary action it may take with my child realizing that such discipline is essential to the school's mission and service to my family and faithfully pray for this ministry.

The school reserves the right to dismiss any student who is found to be out of harmony with the rules and policies of Mississippi Valley Christian School. Expulsion may result if students engage in conduct that violates biblical principles, dishonors God, or casts a poor reflection on the reputation of the school.

I will not go to the law before unbelievers (I Corinthians 6:1) for any reason, including injury and liability. I do agree to submit irreconcilable differences with the school to arbitration before mutually acceptable believers. I will not be critical of the administration or teachers in the presence of my child.

If a problem with the school cannot be remedied, we agree to quietly withdraw our child from the school rather than encourage discord or unrest among other parents.

I hereby give MVCS permission for the following: my child may take part in all school activities including bus trips, sports activities, and school sponsored trips away from school premises; for pictures of my child to be used in the school yearbook, brochures, newspapers, and/or the school website or Facebook page; for the school to utilize any mass communication-type tool to notify me of announcements and emergencies at the school.

Thank you for your Cooperation.

This form must have **two** signatures unless the student is in the custody of one parent or guardian.

Father's signature \_\_\_\_\_ Date \_\_\_\_\_

Mother's signature \_\_\_\_\_ Date \_\_\_\_\_

Legal guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

AP Notify is a mass communication system that we use to notify parents in the event of an extreme emergency, updates on school closures and any other messages the school deems necessary. It is imperative that you select one or more means of communication, number and email address are required for selection(s).

Primary Contact only:

Other Contact:

Text: \_\_\_\_\_

Text: \_\_\_\_\_

Voice: \_\_\_\_\_

Voice: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

**REGISTRATION IS NOT COMPLETE UNTIL THE OFFICE HAS RECEIVED YOUR SIGNED FINANCIAL AGREEMENT SHEET. PLEASE MAKE SURE THAT IT IS ATTACHED TO THIS FORM.**