

For Office Use Only
App Received _____
Fee _____ ck # _____

METROWEST CHRISTIAN ACADEMY
350 Pleasant Street
Ashland, MA 01721
(508) 881-7404

For Office Use Only
Reg Dep Received _____
Amount: _____ ck # _____

APPLICATION FOR ADMISSION

All information must be provided for this application to be considered.

STUDENT _____ Applying for grade _____ For term beginning _____

Date of birth _____ Age _____ Place of birth _____
years/months

1. Father's Name _____
Address _____
street city zip
Telephone _____
home business cell
Occupation _____
company position
E-Mail Address _____

2. Mother's Name _____
Address _____
street city zip
Telephone _____
home business cell
Occupation _____
company position
E-Mail Address _____

3. If there are other children in your family, please complete the following:
Name _____ Age _____ School _____
Name _____ Age _____ School _____

4. What is the marital relationship in your home?
Parents are: _____ married; _____ separated; _____ divorced; _____ one parent deceased;
_____ natural parent and step parent

5. Is the student living with at least one parent? _____
If "no", with whom is student living (grandparent, guardian, uncle, etc.)? _____

6. If parents are divorced or separated, who has legal custody of the student? (Name of parent or legal guardian if other than parent) _____

7. Name of person responsible for bills, if other than parents.

name

address city zip phone

8. Who is the applicant's physician? _____
name phone

9. List any food allergies _____

10. Emergency contact (other than parent) _____
name phone

11. Please list schools previously attended:

school	address	dates	grades completed

12. Grades have been: _____ superior _____ above average _____ average _____ below average

13. Has the student ever been suspended? _____, expelled? _____, or asked to withdraw? _____ If so, please give full particulars on a separate sheet of paper including the principal's name and school address.

14. Has the student ever failed a grade? _____ If so, state grade and date _____

15. Why is your student withdrawing from his/her present school? _____

16. What language is spoken at home? _____ What language does child speak? _____

17. What is your reason for selecting MetroWest Christian Academy? _____

18. Is there any medical reason the applicant cannot participate in the physical education program?
_____ If "yes", please explain _____

19. Do you attend a church or parish? _____
If so, _____
name of congregation or parish pastor's name phone denomination

20. Please list two character references:

name	address	phone

Please complete this form and include a non-refundable application fee of \$70.00 per student.
MetroWest Christian Academy admits students of any race, color and national or ethnic origin.

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FAMILY INTERVIEW

DATE _____

Signature _____ Title _____