

Molokai Christian Academy

All God's Children Preschool

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Website: www.molokaibaptist.com

For office Use

Date Received _____

Reg. Fee _____

Receipt # _____

DOE Form 14 _____

Interviews _____

Accepted _____ Waiting List _____

Application for Admission

Student Information

(Please Print)

Student's Name _____

Last

First

Middle

Name student prefers to be called _____

Address _____ City _____ Zip _____

Street address (if different from above) _____

Male _____ Female _____ Citizenship _____

Place of birth _____ Date of birth _____

How did you learn about MCA (our school)? _____

ETHNIC BACKGROUND OF STUDENT:

Family Information

Father/ Guardian last name _____ First name _____

Address _____ City _____ Zip _____

Street address (if different from above) _____

Home Phone _____ Cell _____ Work _____

Occupation _____ Employer _____

Mother/ Guardian last name _____ First name _____

Address _____ City _____ Zip _____

Street address (if different from above) _____

Home Phone _____ Cell _____ Work _____

Occupation _____ Employer _____

Are there any physical, emotional, or educational issues that might affect the applicant's performance at AGCP? If yes, please explain. _____

Church now attending _____

Names and ages of all other children in the home _____

If parents are divorced, separated or the child is not living with either:

Who has legal custody of the child? _____

With whom does the child live? _____

Relationship to the child? _____

I certify that the preceding information is correct to the best of my knowledge.

Parent signature _____ Date: _____

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