



Marshall Christian Academy Application Process	
<input type="checkbox"/>	Complete the online and paper enrollment application
<input type="checkbox"/>	Sign Records Release for Submission of previous school records:
<input type="checkbox"/>	Letter of standing (if applicable)
<input type="checkbox"/>	Copy of Birth Certificate
<input type="checkbox"/>	Copy of Social Security Card
<input type="checkbox"/>	Current Blue Slip/Immunization Records
<input type="checkbox"/>	Read Student Handbook and Sign Agreement
<input type="checkbox"/>	Notarized Preschool Affidavit (if applicable) *Notary at Main Campus

Rocket City Scholarship Granting Organization

Families in need of financial support (K5 - 12) have the opportunity to apply for an income-eligible scholarship. The window to submit applications is during the later half of the month of April each year. Please visit rocketsgo.org for more information.

All students that are enrolled at MCA, do so under a six month probation period in which the student might be asked not to return if it is determined by school administration that the student is not able to remain a part of MCA.



Student Data Sheet

Please complete the following form in its entirety.

Today's Date: _____

Student's Name: _____ Age: _____ DOB: _____

Home Address: _____

Father's Name: _____ Phone Number: _____

Place of Employment: _____ Work Number: _____

Email Address: _____

Home Address: _____

Mother's Name: _____ Phone Number: _____

Place of Employment: _____ Number: _____

Email Address: _____

Home Address: _____

****Emergency Contacts (please list someone outside of the household)****

Emergency Contact #1:

Name: _____ Relationship to child: _____

Phone number: _____

Emergency Contact #2:

Name: _____ Relationship to child: _____

Phone number: _____

Please list below, all the individuals that you approve to pick up your child:

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Allergies (Please list below)



Handbook/Signature Form

Student Behavior and School Guidelines

After reading the information contained in the handbook please complete the section below. Print the entire page and return it to your homeroom teacher no later than _____.

My child and I have read and reviewed the **Marshall Christian Academy Code of Student Behavior** and the **Discipline Procedures**. We understand the contents of both documents and agree to abide by them.

Student's Name/Signature

_____ / _____

Parent's Name/Signature

_____ / _____

Date: _____

I have read and agree with **Marshall Christian Academy Foundation Statements** (Statement of Faith, Statement on Marriage, Gender, & Sexuality, Philosophy, Vision Statement, Mission Statement, Core Values, and Student Outcomes).

Initials _____ Date _____

I have read and will follow the **Matthew 18:15 Principle/MCS Grievance Policy** when trying to resolve conflicts relating to school matters or school personnel.

Initials _____ Date _____

Any violation of the Technology Acceptable Use Policy will be taken quite seriously and may result in a suspension and or expulsion depending upon the particular violation.

Initials: _____ Date: _____

MARSHALL



CHRISTIAN

1631 Brashers Chapel Rd. Albertville 35951 256-279-0192 www.marshallchristian.org

STATEMENT OF COOPERATION

1. We, the parents/guardian of the named student, certify that we fully comply with the philosophy and statement of faith of MCS and will cooperate with teachers and administration in the educational process of our student.
2. We hereby invest authority in the school to discipline our students as may be deemed necessary. We further agree that we will cooperate and discipline our students at home when needed.
3. We understand that assessments will be made to cover damage to school property, including breakage of windows, abuse of books, etc., caused by the student.
4. We understand the policy of the school is to make no refunds of registration fees. We understand if a student(s) withdraws anytime during the school year after August 1, a withdrawal fee equal to 10% of tuition will be assessed.
5. We understand that if tuition payments are not made by the 5th of each month a late fee of \$35.00 per student will be assessed. Additionally, For each day tuition is late a \$10 fee will be assessed. Student(s) will not be allowed to remain in school if the account becomes more than 30 days behind. We further understand that report cards will be held and grades will not be released until account is cleared or satisfactory arrangements are made with our accounting dept. In the event of non-payment it is understood that parent, legal guardian, or person responsible for the bill will pay all fees of collection. There will be a \$35 charge for any check returned by the bank.
6. Final transcripts will be released upon payment of account. We understand that no student can graduate until the account is clear.
7. We accept the responsibility to see that the student fully complies with all school policies and rules at all times.
8. We accept responsibility to see that the student meets the school dress code.
9. We also give permission for our student to take part in all school activities, including sports and school sponsored trips away from the school premises and absolve the school from liability to us because of any injury to our student at school or during school activities.

I have read and agree to abide by the above policies.

Parent signature _____ **Date** _____



Media Release Form

Marshall Christian Academy will only share your or your child's photo with permission. Please complete the following to allow or deny the publishing of your family to media platforms/promotions.

I, _____, as parent/guardian of Marshall Christian Academy student, _____, hereby give my permission for my child's photograph or video to be taken to share/promote on Marshall Christian Academy social media platforms/promotions. Such as, but not limited to, Facebook, MCA website, Newspaper, commercials, etc.

Please check one of the following options:

Deny permission to post any photograph or video of my child to any and all media platforms

Grant permission to post any photograph or video on Marshall Christian Academy media platforms/promotional venues and understand that it can be shared publicly by other Marshall Christian Academy parents/guardians on social media platforms.

Parent Signature: _____ Date: _____

Administration Signature: _____ Date: _____



MEDICATION PERMISSION FORM

I, _____, parent of Marshall Christian Academy student,
_____, give Marshall Christian Academy administration/staff
permission to administer over the counter medications (Ex: Tylenol/Advil/Ibuprofen) to my child
should they need it during school hours for pain.

**If your child takes a prescription medication that needs to be administered during
school hours please complete the following.**

****Medication can only be accepted that is in the original container and delivered
to the school by a parent or guardian****

Student Name: _____ Age/Teacher: _____

Medication Name: _____

Reason for medication: _____

Dosage: _____ Frequency _____

Duration of administration (example: school year, number of days/weeks)

Side Effects:

Parent Signature: _____ Date: _____

Administration Signature: _____ Date: _____

Form of Affidavit for Parent/Guardian

STATE OF ALABAMA

COUNTY OF _____

Before me, a notary public in and for said state and county, appeared _____ and is known to me, after being duly sworn or affirmed, says as follows:

That the affiant is the parent or legal guardian of the minor child/children _____
_____; that affiant has been notified by _____,
a representative of _____ church/school that said church or
school has filed notice and is exempt under law from regulation by the Department of Human Resources.

Parent/Legal Guardian

Sworn, or affirmed to and subscribed before me this _____ day of _____, 20_____.

Notary Public Expiration Date _____