

NEW PRE-K STUDENT APPLICATION FOR ADMISSION

*Application must be completely filled out and signed (front & back) to be processed.
Registration Fee of \$100.00 must be submitted with application.*

STUDENT INFORMATION: Please register the following student:

_____	_____	_____	_____	_____
Last Name	First Name	Middle Name	Goes by	Date of Application
_____				_____
Street Address				Date of Birth
_____	_____	_____	_____	_____
City	State	Zip Code	Home Phone	Cell Phone
_____	_____	_____	_____	_____
Grade Applying For	Academic Year	Student's Social Security Number	Male/Female	

PARENT OR GUARDIAN INFORMATION: (Married, Divorced, Separated, Widowed) _____

If parents are separated or divorced, who has legal custody? _____

I agree to provide the school with a copy of any current legal documents showing custodianship. _____

Please circle one:

FATHER / STEP-FATHER / MALE GUARDIAN:

NAME _____

Social Security # _____

Address _____

City, State, Zip _____

Home Phone _____
Beeper/Cell Phone _____

Email Address _____

Employer _____

Position or Title _____

Address _____

City, State, Zip _____

Business Phone _____

OTHER PARENT (Optional) _____

Address _____

City, State, Zip _____

Please circle one:

MOTHER / STEP-MOTHER / FEMALE GUARDIAN:

NAME _____

Social Security # _____

Address _____

City, State, Zip _____

Home Phone _____
Beeper/Cell Phone _____

Email Address _____

Employer _____

Position or Title _____

Address _____

City, State, Zip _____

Business Phone _____

OTHER PARENT (Optional) _____

Address _____

City, State, Zip _____

EMERGENCY CONTACTS: If parents cannot be reached, to what relative or friend do I give permission to pick up my child from school and or make decisions regarding my child's health and well being?

Name _____ Relation _____ Phone _____

Physician's Name _____ Phone _____

1. Is there a medical condition, physical or mental handicap, mental or nervous condition, learning disability or attention deficit disorder of which the school should be aware? Yes _____ No _____
(Optional: Please complete the "Voluntary Declaration of Disability Form" if applicable. Form is available upon request from the school admissions office.) If so, please describe the condition and list any medications the child is currently taking. _____

2. Does your child have any known allergies (ex: food allergies, insect bites, medicines, etc.)? Yes _____ No _____

Please explain: _____

PERMISSIONS:

I agree that my child(ren) may participate in school sponsored field trips. Yes _____ No _____

I agree that my child(ren) may participate in interscholastic or intramural athletic programs. Yes _____ No _____

I agree that my child(ren) may be photographed in conjunction with the school's activities and/or advertising campaigns. Yes _____ No _____

If a parent or guardian cannot be reached in case of accident or illness requiring immediate attention, I grant permission for the school to summon emergency medical services and to obtain hospital treatment. Yes _____ No _____

I understand that the above permissions are granted assuming they are exercised in accordance with school regulations. I also agree on behalf of myself and my child to release and hold harmless, the school, its agents and employees, from all claims, damages, or other liabilities which are not the result of gross negligence by this school, its agents, or employees. I also agree to indemnify the school for all damages incurred and/or caused by my child.

Parent/Guardian Signature: _____

GRANDPARENT INFORMATION: So that we can include your grandparents in our Grandparents' Club, invite them to various school activities, and keep them informed, please list their names and addresses.

PATERNAL GRANDPARENTS

Names: _____

Address: _____

City, State, Zip: _____

Occupations: _____

Phone: _____

MATERNAL GRANDPARENTS

Names: _____

Address: _____

City, State, Zip: _____

Occupations: _____

Phone: _____

Student Name

RECOMMENDATIONS:

- 1. How did you hear about Memorial? _____

- 2. Have you or any members of your family ever attended Memorial? _____ If yes, please give dates of attendance, names, and relationship to student. _____

- 3. Name of person who recommended Memorial to you. _____

- 4. Names of students you know who are currently attending Memorial. _____

TERMS OF ENROLLMENT

Memorial Day School, a PK-12 college preparatory school based on Christian values, operates under a non-discriminatory policy whereby each child is accepted on his/her own merit without regard to race, color, gender, and national or ethnic origin. Acceptance to Memorial Day School is dependent upon testing results, records, evaluation, parent conference and subsequent placement. The school reserves the right to refuse admission to any applicant who, in the opinion of the administration, will not benefit from the total program offered. ***I UNDERSTAND THAT MY OBLIGATION TO PAY THE FEES FOR THE FULL ACADEMIC YEAR IS UNCONDITIONAL AND THAT ON THE 15TH DAY OF SCHOOL THEREAFTER NO PORTION OF FEES PAID OR OUTSTANDING WILL BE REFUNDED OR CANCELLED IN THE EVENT OF ABSENCE, WITHDRAWAL OR DISMISSAL OF THE ABOVE STUDENT FROM THE SCHOOL.***

SIGNATURE OF PARENT OR GUARDIAN

DATE

CONDUCT PLEDGE:

The student and the student's parents/guardians agree to read the Parent/Student Handbook (please refer to student handbooks at www.memorialdayschool.com) and abide by the school's policies, rules, and regulations, as may be adopted or amended from time to time. The student may be suspended or dismissed from school at any time, if, in the opinion of the school's administration, (1) the student's academic progress is unsatisfactory; (2) the student's conduct at school or away therefore is unsatisfactory or is detrimental to good order and discipline in the school; or (3) the student and/or the student's parents/guardians fail to abide by the school's policies, rules, and regulations or otherwise seriously interfere with the school's accomplishment of its educational purpose. The acceptance of the student for enrollment in any school year shall not obligate the school to accept the student in any succeeding year.

Part of Memorial Day School's commitment to safeguarding the health of its students and providing a safe place for its students to learn and grow, is its decision that the school shall be free of illegal drugs and alcohol. Because substance abuse, either while at school or away from school, can seriously endanger the health and safety of students and render it impossible to create a conducive environment for learning, Memorial Day School has established a Drug-Free School program to detect users and to remove abusers of alcohol, drugs or other controlled substances. Memorial Day School is committed to preventing the use and/or presence of these substances in its school or on its property and to encouraging its students to say "no" to drugs and alcohol.

Memorial Day School will utilize mandatory drug and alcohol testing which will be applicable to all students enrolled in the seventh through twelve grades. Memorial Day School reserves the right to drug and/or alcohol test these students at any time, for any reason.

We agree to support and participate in the drug/alcohol testing program and consent to the testing of my child under the program.

I HAVE READ AND AGREE TO ALL THE TERMS OF THIS ENROLLMENT APPLICATION. My signature below indicates that all the information contained in this application is factually correct and honestly presented.

SIGNATURE OF PARENT OR GUARDIAN

DATE

SIGNATURE OF PARENT OR GUARDIAN

DATE

Student Name

Memorial Day School admits students of any race, color, and national or ethnic origin.