

Phone: 702-613-5863

# MESQUITE CHRISTIAN ACADEMY

2024-2025 Academic Year

#### **APPLICATION**

STUDENT INFORMATION	
Full Name:	
Student Goes By:	
Address:	
City/State/Zip:	
FAMILY INFORMATION (FOR SCHOOL YEAR OF APPLIC	CATION)
Father, Stepfather, Grandfather, Guardian (With whom student resides)	Mother, Stepmother, Grandmother, Guardian (With whom student resides)
Name	Name
Occupation	Occupation
Employer	Employer
Work Phone	Work Phone
Cell Phone	Cell Phone
E-Mail	E-Mail
Marital Status in home: Married Divorced	Separated Remarried Widowed Single
If parents are divorced or separated, who has legal cu	stody of student?
If divorced, should birth parent be placed on mailing l	ist? Yes No If yes, indicate name and address below
Name	
Mailing Address	
Email	Home Phone
OTHER INFORMATION (FOR STATISTICAL PURPOSES OF	NLY)
African American Native American Caucasian	Hispanic Asian Pacific Islander Other
origin to all rights, privileges, programs and activity school. It does not discriminate on the basis of race	my admits students of any race, color, national and ethnic ies generally accorded or made available to students at the color or national or ethnic origin in the administration of ship and loan programs, and athletic and other school

315 Calais Drive, Mesquite, NV 89027 Fax: 702-346-1325



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### APPLICATION (Continued)

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Sibling Information (for school year of application)		
Sibling's Name	#2	
#3	#4	
Church Name	Phone	
Are you active in church? Yes No Pastor's name		
EDUCATIONAL HISTORY		
Reason for applying		
School Name	Dates Attended	
Address	Phone	
School Name	Dates Attended	
Address	Phone	
Has student repeated any grades?	Yes No	
Experienced learning difficulties in reading?	Yes No	
Experienced learning difficulties in math?	Yes No	
Participated in a special learning program?	Yes No	
Experienced discipline problems?	Yes No	
Placed on probation?	Yes No	
Attended summer school?	Yes No	
Received tutoring?	Yes No	
Participated in gifted program?	Yes No	
Ever been suspended?	Yes No	
Ever been expelled?	Yes No	
Ever tested for learning difficulties, received an IEP or needed special academic, physical or		
behavioral accommodations?	Yes No	
If yes, Please explain and attach testing results:		

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### APPLICATION (Continued)

STUDENT MEDICATIONS	
Is student applicant taking medications to improv	ve his/her ability to function in the classroom?
If yes please explain:	
STATEMENT OF COOPERATION	
We have read the Mesquite Christian Academy signatures we acknowledge and agree to support policies and procedures outlined in the Student accept our obligation before the Lord to support in prayer.	rt the philosophy, the Statement of Faith, the t Handbook and the mission of the school. We
Father/Guardian Signature	Date
Mother/Guardian Signature	Date
MCA is operated as an "Exempt School" under the provisions of the Private Elementary and Second	·

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