



MESQUITE CHRISTIAN ACADEMY

2026 -2027 Academic Year

Transcript Request

Date: _____

Student's Name (print):

Last

First

Middle

Date of Birth: _____

Month/Day/Year

Last School Attended: _____

School Address:

Street

City

State

Zip

Grades Attended: _____

The above-mentioned school has my permission to release the grades, test scores, test results, psychological reports, speech, hearing and visual scores as part of the official transcripts and other related material on the above-named student to:

Mesquite Christian Academy
702-613-5863
700 Hardy Way Mesquite, NV 89027

This release is in accordance with the provisions of the Family Education Rights and Privacy Act of 1974.

Name (print): _____

Signature: _____ Date: _____

Relationship to student: _____



MESQUITE CHRISTIAN ACADEMY

2026 -2027 Academic Year

Emergency Information

Child's Name: _____ School Year _____

Street Address: _____ Date of Birth _____

City, State & Zip Code: _____ Sex: Male Female

Father or Guardian:

Name: _____

Home Address: _____

Hm Ph: _____ Cell Ph: _____

Business Ph: _____

Mother or Guardian:

Name: _____

Home Address: _____

Hm Ph: _____ Cell Ph: _____

Business Ph: _____

In case of emergency, or if I cannot be contacted to pick up my child, I hereby authorize the following person(s) to pick up my child.

Name: _____

Relationship: _____

Ph: _____ Cell: _____

Name: _____

Relationship: _____

Ph: _____ Cell: _____

Name: _____

Relationship: _____

Ph: _____ Cell: _____

Name: _____

Relationship: _____

Ph: _____ Cell: _____

Name: _____

Relationship: _____

Ph: _____ Cell: _____

Name: _____

Relationship: _____

Ph: _____ Cell: _____

My child has permission to walk home from school. Yes No

The following person(s) may NOT remove my child from the MCA Campus:

Name: _____ Name: _____

Custody papers have been provided and are on file at the school office. Yes No

Parent or Guardian printed name: _____

Signature: _____ Date: _____



MESQUITE CHRISTIAN ACADEMY

2026 -2027 Academic Year

2026 - 2027 Authorization to Treat a Minor

I (we) the undersigned parent(s) of _____ DOB _____, a minor, do hereby authorize the Mesquite Christian Academy as an agent for the undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision of any physician and surgeon licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of the said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required. It is given to provide authority and power on the part of our aforesaid agent to give specific consent to any and all such diagnosis, treatment, or hospital care which the physician in the exercise of his/her best judgment may deem advisable.

I (we) agree that Mesquite Christian Academy will not be held responsible for any accident that may occur, but that all reasonable precautions will be taken to safeguard the health and safety of my child and that I will be notified as soon as possible in case of any emergency.

I (we) agree to cooperate with MCA while MCA follows the OSHA Standards in the event our child is involved in an incident where their blood comes in contact with the skin of somebody else (e.g., teacher or nurse assisting them in clean-up after an injury).

This "Consent and Authorization" is to continue for the currently enrolled time period, unless sooner revoked in writing and delivered to the school office of Mesquite Christian Academy.

(Your signature here indicates that you have read the information above, agree with it, and give permission for your child to attend school events and to receive medical treatment if necessary)

Parent / Guardian Contact Info:

Print Name: _____ Signature: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Print Name: _____ Signature: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

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MESQUITE CHRISTIAN ACADEMY

2026 -2027 Academic Year

2026 - 2027 Authorization to Treat a Minor

Student Name: _____

Primary Physician Contact Information:

Print Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Ext: _____

Insurance Company: _____ Phone: _____

I.D. Number: _____ Policy #: _____

Group#: _____

Known Allergies:

Other:

Dentist: _____ Phone: _____

Hospital: _____ Phone: _____

Note: Please notify MCA immediately if your insurance changes during the school year.



MESQUITE CHRISTIAN ACADEMY

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Private School Affidavit

Student Name: _____
Last First Middle

Date of Birth: _____

School District of Residence: _____

Private School Name: **Mesquite Christian Academy**
700 Hardy Way
Mesquite, NV 89027

Parent Name: _____

Home Address: _____
Street City State Zip

Phone: _____ Cell Phone: _____ Work: _____

My child is attending the above named regularly organized private school.

Parent Signature: _____ Date: _____

AUTHORIZATION:

Guardian Signature: _____ Date: _____

State of: _____

Subscribed and sworn before me this _____ day of _____, 20 _____

County of: _____

Notary Signature: _____

Stamp :

Affidavit will be mailed to: **Superintendent of Public Schools**



MESQUITE CHRISTIAN ACADEMY

2026 -2027 Academic Year

Off-Campus Physical Education Release Form

Name of Parent/Guardian: _____

Name of Student: _____

- I give permission for my child to participate in all Mesquite Christian Academy physical education activities. I understand that personal injury can and may occur to my child, and I hereby authorize the staff and volunteers of Mesquite Christian Academy to seek and consent to emergency medical attention for my child as needed. I further agree to be liable for and to pay all costs incurred in connection with such medical attention.

- I give permission for my child to ride in any vehicle designated by Mesquite Christian Academy, its staff, and volunteers while participating in and traveling to and from these events.

- I hereby release Mesquite Christian Academy and its staff and volunteers from any and all liability, claims, demands, causes of action whatsoever arising out of or related to any loss, damage, or injury (including death) that may be sustained by my child while traveling to and from or participating in these events.

- I agree to accept full responsibility, financially and otherwise for any damage that my child may cause to the vehicles designated for transportation to and from these events, any property of Mesquite Christian Academy or any other property found at the location of the off-campus physical education events.

By signing this document, I agree to and consent to all that is stated above.

Parent/Guardian Signature: _____ Date: _____



MESQUITE CHRISTIAN ACADEMY

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2026 - 2027 Consent & Release

Student's Name _____ Birthdate ____/____/____

I hereby give my consent for the above-named student to participate in any on or off-campus, school-sponsored activities, including attendance at special events, field trips and sporting events. I realize that there is a degree of danger involved in almost any activity associated with transportation, recreation or physical activities and will not hold Mesquite Christian Academy responsible for injury or harm to my student so long as reasonable precautions are taken, customary care is exercised, and adequate supervision is provided. I understand that I must sign an individual consent forms for each off-campus event.

Mesquite Christian Academy does not provide transportation to or from school at any time. Therefore, MCA is not liable whatsoever for agreements or arrangements between parents who participate in carpools or who enter into agreements with staff members to transport their children to or from school/off campus activities, even though parents may have learned of or met these contacts at the school. Parents understand that they will not hold MCA liable for accidents; injury or death should their child drive personal vehicles to or from school/activities or are riding in another vehicle of another student or parent to or from school/activities. Furthermore, MCA does not assume the responsibility for safety in supervision of students when parents enter into such agreements nor endorse individuals on class, staff, parent or student carpool. I am responsible for determining whether I want my child to be in the company or supervision of the person(s) transporting my child.

If emergency medical action or treatment is required and neither parent nor guardian can be contacted, I hereby give my consent for the student named above to be administered medical care by the physician or licensed hospital deemed most expedient by the school representative in charge for the good of my child. The local fire department or paramedic unit may be used, or students may be transported to the nearest emergency facility.

I understand that I am fully responsible for any expenses associated with or resulting from medical care administered to the above-named student (which might also include ambulance service) and agree to assume the financial responsibility for such services. This applies whether an accident occurs on or off campus as long as it is a school-sponsored activity. I understand that the insurance provided by the school is a supplementary policy that covers accidents under the provisions of MCA's policy and pays only after a claim has been filed with my primary insurance carrier. I further understand that certain deductibles, limitations and exclusions may apply. It does not cover illnesses.

I understand that school staff, parent volunteers, yearbook coordinators, or public media personnel may take my child's picture during any school activity, on or off the school campus. I give my permission to release any photographs of my child, taken during school activities, for use in school, as well as possible public media use.

This consent and authorization are to continue for the currently enrolled school year, unless revoked in writing and delivered to the school office of Mesquite Christian Academy.

Signature of Father/Guardian _____ Date _____

Signature of Mother/Guardian _____ Date _____

(Both parents/guardians must sign)



MESQUITE CHRISTIAN ACADEMY

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Internet Usage Permission Form

With your permission your child will be able to access the Internet at school as part of their class instruction. Below are the rules for use at the school. Please read before you consider granting permission.

Guidelines for Internet Usage

1. All students must have a signed permission slip from their parents that authorizes them access to the Internet.
2. Respect for the equipment of the school and its network is a condition for use of the computers.
3. Students are to notify the teacher immediately of any disturbing material they may encounter on the web or in e-mail.
4. Students are not to give out personal information like telephone number, full name, address, etc. to anyone on the Internet.
5. Students are to never give anyone their password to any of their accounts or allow another student to use their account to access the Internet or school network.
6. Students must gain clearance from the teacher before downloading any programs from the Internet.
7. All flash drives or CDs brought to the school to be used in the computers must first be scanned for viruses by the teacher.

Any violation of these rules may result in forfeiture of permission to use the Internet and school network and/or appropriate disciplinary action. Please sign below if granting permission and have the entire form returned. DO NOT tear off the bottom.

Permission

I give permission for my child to access the Internet and publish class-related information on it in accordance with the above guidelines.

Parent/Guardian Signature

Date

I have also read the above and will honor the Guidelines for Internet Usage at Mesquite Christian Academy.

Student Signature

Date