



22280 Devonshire Street, Chatsworth, California 91311 (818) 882-3621 [MonarchChristianSchool.org](http://MonarchChristianSchool.org)

APPLICATION FOR ADMISSIONS

- New Student** Complete ALL sections
- Re-registration:** Check/Update Sections **1, 3, 5, 6, 7** as well as any portions where information has changed.
- Elementary Registration Fee **Before 2/28/18** \$350
- Elementary Registration Fee **After 2/28/18** \$400
- Early Ed Registration Fee **Before 2/28/18** \$225
- Early Ed Registration Fee **After 2/28/17** \$250

<b>Section 1</b> Applicant Information	<b>Section 2</b> School/Church Information	<b>Section 3</b> Testing Information	<b>Section 4</b> Additional Information	<b>Section 5</b> Family Information	<b>Section 6</b> Acknowledgment and Waiver
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<b>1</b> APPLICANT INFORMATION	Applicant's Legal Last Name (as it appears on birth certificate) First Middle Last			Preferred Name		Sex
	Applying for admission to Grade/Age:			Desired start date		
	Home Address of Applicant				City	Zip
	Home Phone	Birth Date	Place of Birth		Citizenship	
	<b>Family Heritage:</b> (For statistical reporting purposes only)		<input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian/Pacific Isle <input type="checkbox"/> American Indian <input type="checkbox"/> Other:			
<b>2</b> SCHOOL/CHURCH INFORMATION	Present Grade	Present School		Phone		
	Address					
	Previous School Attended	Address		Dates Attended	Phone	
	Previous School Attended	Address		Dates Attended	Phone	
	Previous School Attended	Address		Dates Attended	Phone	
	Church Name	Membership/Partnership Status		Pastor's Name	Phone	
Church Address					<input type="checkbox"/> Not part of a church <input type="checkbox"/> Please provide referral	
<b>3</b> TESTING INFORMATION	Has the applicant ever been tested for learning disabilities? (e.g., ADHD, dyslexia, etc.) <input type="checkbox"/> YES <input type="checkbox"/> NO  If "Yes" and an I.E.P. (Individual Education Program) is available, please provide a copy. If no I.E.P. is available, please indicate test results and attach a copy of any documentation you may have.					
	Check the following health concerns if applicable (Complete information is required on the Emergency Information form during registration): <input type="checkbox"/> Asthma <input type="checkbox"/> Bee Sting Allergy <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Heart Condition <input type="checkbox"/> Life-Threatening Food Allergy (requiring an EpiPen®)					
<b>4</b> ADDITIONAL INFORMATION	What prompted you to contact Monarch Christian School? (Check all that apply) <input type="checkbox"/> Alumni (self or family member) <input type="checkbox"/> Current school or preschool <input type="checkbox"/> Church <input type="checkbox"/> Flyer <input type="checkbox"/> Postcard <input type="checkbox"/> Open House <input type="checkbox"/> Web Sites (which): _____					
	<input type="checkbox"/> Attended an Admissions Information Night: _____ <input type="checkbox"/> Friend (whom): _____ <input type="checkbox"/> Other: _____  Please briefly tell us your long-term educational goals for your child.					

APPLICATION FOR ADMISSIONS  
(Continued)

FAMILY INFORMATION	5	Father's Full Name		Primary Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home		Secondary Phone: <input type="checkbox"/> Work <input type="checkbox"/> Home		
	<input type="checkbox"/> Same as Applicant Home Address							
	Email		Employer			Occupation		
	Title		Employer Address					
	Education (Schools, Degrees, or Vocational Training)							
	Mother's Full Name		Primary Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home		Secondary Phone: <input type="checkbox"/> Work <input type="checkbox"/> Home			
	<input type="checkbox"/> Same as Applicant Home Address							
	Email		Employer			Occupation		
	Title		Employer Address					
	Education (Schools, Degrees, or Vocational Training)							
SIBLING(S)	Name	Birth Date	School		Grade	Applying for or attending MCS? <input type="checkbox"/> Applying <input type="checkbox"/> Attending <input type="checkbox"/> Previously Attended <input type="checkbox"/> No		
	Name	Birth Date	School		Grade	<input type="checkbox"/> Applying <input type="checkbox"/> Attending <input type="checkbox"/> Previously Attended <input type="checkbox"/> No		
	Name	Birth Date	School		Grade	<input type="checkbox"/> Applying <input type="checkbox"/> Attending <input type="checkbox"/> Previously Attended <input type="checkbox"/> No		
	Name	Birth Date	School		Grade	<input type="checkbox"/> Applying <input type="checkbox"/> Attending <input type="checkbox"/> Previously Attended <input type="checkbox"/> No		
<b>IF APPLICANT DOES NOT LIVE WITH BOTH NATURAL PARENTS, PLEASE COMPLETE THE FOLLOWING SECTION</b>								
Parents are: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Mother Deceased <input type="checkbox"/> Father Deceased <input type="checkbox"/> Mother Remarried <input type="checkbox"/> Father Remarried			Who has legal custody?		Applicant is <i>NOT</i> to be released to: (Court Order must be attached)			
FAMILY - STEPFATHER	Stepfather's Full Name		Primary Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home		Secondary Phone: <input type="checkbox"/> Work <input type="checkbox"/> Home			
	<input type="checkbox"/> Same as Applicant Home Address							
	Email		Employer			Occupation		
	Title		Employer Address					
	Education (Schools, Degrees, or Vocational Training)							
FAMILY - STEPMOTHER	Stepmother's Full Name		Primary Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home		Secondary Phone: <input type="checkbox"/> Work <input type="checkbox"/> Home			
	<input type="checkbox"/> Same as Applicant Home Address							
	Email		Employer			Occupation		
	Title		Employer Address					
	Education (Schools, Degrees, or Vocational Training)							
GUARDIAN	Legal Guardian's Full Name		Primary Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home		Secondary Phone: <input type="checkbox"/> Work <input type="checkbox"/> Home			
	<input type="checkbox"/> Same as Applicant Home Address							
	Custody Description/Authority							

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ACKNOWLEDGMENT AND WAIVER

### Notice of Nondiscriminatory Policy as to Students

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

**Our signatures certify the accuracy and completeness of the information provided. We understand that any misrepresentation may be cause for denial or cancellation of admission or enrollment.**

\_\_\_\_\_  
SIGNATURE OF FATHER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF MOTHER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
RELATIONSHIP TO APPLICANT

*Please personally deliver application package components or mail with check to:*  
Admissions Department, Monarch Christian School  
22280 Devonshire St.  
Chatsworth CA 91311  
Elementary Education Email: [admissions@monarchchristianschool.org](mailto:admissions@monarchchristianschool.org)  
Early Education Email: [earlyeducation@monarchchristianschool.org](mailto:earlyeducation@monarchchristianschool.org)

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Early Education

#### Early Education Schedule

Full Day (7:00-6:00)

Half Day (8:00-12:30)

School Day (8:00-3:00)

5 Days (M-F)

3 Days (M, W, F)

2 Days (T, TH)