



22280 Devonshire Street, Chatsworth, California 91311 (818) 882-3621 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 \$400**
 Early Education Registration Fee \$200

Section 1 Applicant Information	Section 2 School/Church Information	Section 3 Testing Information	Section 4 Additional Information	Section 5 Family Information	Section 6 Acknowledgment and Waiver
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1 APPLICANT INFORMATION	Applicant's Legal Last Name (as it appears on birth certificate) First Middle Last			Preferred Name	Sex
	SSN (Necessary for standardized test identification)	Applying for admission to Grade/Age:		Desired start date	
	Home Address of Applicant			City	Zip
	Home Phone	Birth Date	Place of Birth	Citizenship	
2 SCHOOL/CHURCH INFORMATION	Family Heritage: <small>(For statistical reporting purposes only)</small>		<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:		
	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		
3 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®)				
	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: _____				
4 ADDITIONAL INFORMATION	Please briefly tell us your long-term educational goals for your child.				

APPLICATION FOR ADMISSIONS
(Continued)

5 FAMILY INFORMATION	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		
	IF APPLICANT DOES NOT LIVE WITH BOTH NATURAL PARENTS, PLEASE COMPLETE THE FOLLOWING SECTION						
	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	

I/We understand that my/our child's image, likeness, and/or voice may be used by the school in the course of school activities. I/We hereby give consent for the school to use my/our child's image, likeness, and/or voice in any form for school purposes for perpetuity.

_____ SIGNATURE OF FATHER	_____ DATE	_____ SIGNATURE OF MOTHER	_____ DATE
_____ SIGNATURE OF GUARDIAN	_____ DATE		

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

Early Education Email: earlyeducation@monarchchristianschool.org

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Early Education

Early Education Schedule

- | | | |
|---|--|---|
| <input type="checkbox"/> Full Day (7:00-6:00) | <input type="checkbox"/> Half Day (8:00-12:30) | <input type="checkbox"/> School Day (8:00-3:00) |
| <input type="checkbox"/> 5 Days (M-F) | <input type="checkbox"/> 3 Days (M,W, F) | <input type="checkbox"/> 2 Days (T, TH) |