



PROVIDING CHILDREN WITH EDUCATION FOR ETERNITY

New Student Questionnaire

(Only new students need to complete this form)

Student's Last _____ First _____ Middle _____
 Ethnic Heritage: (For State Reporting Only) Black Hispanic Asian White Other: _____
 Sex: M F Grade Entering: _____

LIST ALL PREVIOUS SCHOOLS ATTENDED BY YOUR CHILD

Name of School	Address	Grade(s)	Year(s)

Is your child presently experiencing any problems in school? Yes No If yes, please explain (use backside if necessary): _____

Do you suspect that your child has a learning disability/problem?		If Yes, please explain
Auditory or Visual Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Hand-Eye Coordination Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Space Relations Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Perceptual Motor Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other:		
Has your child ever been tested for:		
Learning Disabilities	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Attention Deficit Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Attention Deficit Hyperactivity Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other:		
Does your child have a history with any of the following:		
Suspended from school	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Expelled from school	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Asked to withdraw from school	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Repeat a grade level	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Counseling or physiological testing	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Physical, emotional, mental or social problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Occult or occult practices	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Arrested by police	<input type="checkbox"/> Yes <input type="checkbox"/> No	

How did you learn about our school? _____

What factor(s) most influenced you to apply to our school? _____

State why you wish to send your child to our school. _____

 Parent/Guardian Signature Date



PROVIDING CHILDREN WITH EDUCATION FOR ETERNITY

305 Fleming Street. S. Williamsport, PA 17702 | P: (570) 327-9238 | www.mymvchristianschool.org

Application for Admission

Date of Application | _____ | School Year | _____

Applicant's Name | _____ | _____ | _____ | _____
(First) (Middle) (Last) (Preferred Name)

| _____ 5-day PreK _____ 3-day PreK _____ Full Day K | Grade Entering | _____ | _____ Male _____ Female |
(pick one, if it applies to you and your child) (Gender)

Age | _____ | _____ / _____ / _____ | Place of birth | _____ | US Citizen | _____ Yes _____ No |
(Date of Birth - mm/dd/yy)

SS # | _____ | Ethnic Background | _____ | Primary Language spoken at Home | _____
(If not already on file) (Information gathered for statistical purposes)

Has the student been baptized? | _____ Yes _____ No | Date | _____ / _____ / _____ | Where? | _____
(mm/dd/yy) (Name of Church, City, State)

Home Address | _____ | _____ | _____ | _____ | _____
(Street Address) (Street Name) (City Name) (State) (Zip Code)

Student's Home Phone | _____ | Student's Cell Phone | _____
(If student does not have a cell number, put N/A)

Student's Email | _____
(If student does not have an email, put N/A)

Student's Health Concerns (Takes medication regularly, wears glasses or contacts, hearing problems, allergies, diabetic, etc.) | _____

Describe | _____

Does your child have any physical conditions which would hinder him/her from carrying a full academic load? | _____ Yes _____ No |

If yes, please explain | _____

Student's Church Membership | _____ | _____
(Local Church or Religious Affiliation) (Denomination)

Student's Last School Attended | _____ | Date Last Attended | _____

Does the student have an IEP? | _____ Yes _____ No | If yes, please submit a copy to the Registrar |

Is the student currently expelled or suspended from another school? | _____ Yes _____ No | If yes, please submit a written explanation. |

Physician | _____ | _____ | _____ / _____ / _____
(Doctor's Name) (Phone) (Date of last visit - mm/dd/yy)

Dentist | _____ | _____ | _____ / _____ / _____
(Dentist's Name) (Phone) (Date of last visit - mm/dd/yy)

If these physicians are not available, does the school have your permission to call another doctor? | Yes No |
Do you have student's proof of birth? | Yes No | Do you have proof of immunization for your child? | Yes No |

Parent Information |

(Parent/ Guardian Full Name) | _____
(Parent/ Guardian Full Name)

Address (only if different from student) | _____
Address (only if different from student) | _____

Relationship _____ to Student | Relationship _____ to Student |

Occupation | _____ Employer | Occupation | _____ Employer |
| _____ Business | | _____ Business |

Phone | _____ Home | Phone | _____ Home |

Phone | _____ Cell | Phone | _____ Cell |

Phone | _____ Email | Phone | _____ Email |

| _____ Church | | _____ Church |

Affiliation | _____ Denomination | Affiliation | _____ Denomination |

Place of Birth | _____ | Place of Birth | _____ |

US Citizen | Yes No | US Citizen | Yes No |

Parents are | Married Separated Divorced Widowed Single |

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

Whom does the student live with? | _____

Is there a court order concerning custody? | Yes No N/A | Is there a "NO CONTACT" order? | Yes No N/A |

Copies of official custody and/or No Contact paperwork must be on file.

Others in the Household |

Name	Relationship to Student
_____	_____
_____	_____
_____	_____
_____	_____

If parents cannot be reached, whom may we call in case of an emergency? Parents will always be called first. |

Name | _____ Phone | _____

Name | _____ Phone | _____

The school must be notified if a designated person has been asked to collect your child/children. The designee must present a driver's license before the child/children will be released into his/her care.

My child will come to and from school by. | Family Car Car Pool | Regular Car Pool Driver(s) | _____

(Please only list Car Pool Drivers, not people allowed to pick up your child, see above)

_____ (initial) **NON-REFUNDABLE APPLICATION FEE, REGISTRATION and FIRST MONTH'S TUITION**~ I understand the re-application fee, Registration and First month's tuition is non-refundable and non-transferable.

_____ (initial) **Library & Textbook Lending** | I the parent agree that if any textbooks or library books assigned to my child become damaged, misused beyond normal wear and tear, or are lost, that I will pay the school for the replacement cost of the book.

_____ (initial) **Due Process** | Rules and policies announced by the administration during the school year will take precedence over statements previously printed in the handbook.

_____ (initial) **Consent to Testing** | I give permission for MVCS, or its authorized representative, to test my child in order to determine academic progress and best serve his/her needs. (The range and scope of testing will be determined on an individual basis. If your child has had previous diagnostic testing, it is important for the school to have a copy of the results on file.)

_____ (initial) **School Directory** | I understand that my name, address, and phone number will be put into a school directory. My child's name and grade will also be included. I understand that the school directory will be sent out via email and is for current school families and staff only. I agree not to distribute this information to others.

_____ (initial) **Photo/Video Release** | I hereby grant MVCS and its employees, agents and assigns, the right to photograph my dependent and use the photo, derivatives, and/or other digital reproductions of him/her or other reproductions of his/her physical likeness for publication purposes, whether electronic, print, digital or electronic publishing via the internet. Furthermore, I assign the rights for any recording, be audio and/or visual, to be used in the same manner as the aforementioned photographs. Example: Website, PR, wall posters, etc.

_____ (initial) **Disclaimer** | Mountain View Christian School reserves the right to withdraw acceptance or dismiss the applicant from school in the event that incomplete or inaccurate information is provided. The application information is confidential and is intended for the school's purposes only. This form is an application for admission only. Upon completion of all application procedures and School Board approval, you will be notified of acceptance.

Parent Contract | We are in agreement with the objectives, standards, and policies of Mountain View Christian We (I) support the school and staff, and upon acceptance I accept full financial responsibility for the above student. We (I) affirm that the information provided in this application is true to the best of our (my) knowledge. You will be notified of your child's acceptance status.

Parent/Guardian Signature | _____ | Date | _____

Parent/Guardian Signature | _____ | Date | _____

Student Contract | I have read the objectives, and policies of this school. If I am accepted by the school, I will always endeavor to uphold the Christian standards of the school and respect staff and rules.

Student Signature | _____ | Date | _____

1) What characteristics of MVCS interest your family, and why do you feel that our school is a good match for your child? |

2) MVCS is dedicated to nurturing and encouraging students' intellectual, artistic, social, physical, and spiritual abilities.

What are your child's strengths in these areas? | _____

3) Please describe any learning disabilities your child may have and any accommodations they may need. |

4) How has the experience of our school been for your child so far this year? |

5) Do you have any concerns or recommendations based on your experience of our school so far this school year? |

6) Do you have any words of encouragement for the administration or staff of the school? |

Please submit this application with the non-refundable application fee to:

Admissions/Registrar
Mountain View Christian
School
305 Fleming Street
S. Williamsport, PA17702
P: (570) 327-9238

Mountain View Christian School does not discriminate based on race, color, religion, national or ethnic origin, gender, or handicap in the administration of its educational program, admission policies, and other school-administered programs.

OFFICE USE ONLY

Application
Recommendations (2)
Physical Record
Immunization Record
New Student interview
Application Fee
New Student Damage \$50 |
Registration Fee |

OFFICE USE ONLY

New _____ Return
Accept _____ Deny
Birth Certificate _____
SS# _____
Immunizations (all new and going into K, 4th, 7th, and 9th) |
Physical (all new and going into K, 4th, 7th, and 9th) |
Transcripts |

OFFICE USE ONLY

Med. Consent _____
Financial agreement
Computer Agreement |
~ Pre-Kindergarten Only ~
Student Questionnaire |
Emergency Form |
Health Inventory |



PROVIDING CHILDREN WITH EDUCATION FOR ETERNITY

Continuing Consent to Treatment and Authorization to Release Information

We, the undersigned parents or guardian of _____ (name of student), a minor, do hereby consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or special instructions of our doctor, _____, M.D., or any physician the school or organization may call, whether such diagnosis or treatment is rendered at the office of said physician or at a licensed hospital. It is understood that reasonable effort will be made to contact the doctor listed above before any other physician is called by the school or other organization.

It is further understood that this consent is given in advance of any specific diagnosis or treatment which might be required and is given to authorize **Mountain View Christian School** or the physician to exercise their best judgement as to the requirements of such diagnosis or treatment.

This consent shall remain in continuous effect until revoked in writing and delivered to the physician named above or to the school or organization entrusted with the custody of said minor.

We hereby authorize any hospital, physician, or other person who has attended or examined the minor to furnish to the school insurance service, or its representative, any and all information with respect to any illness, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical reports. A Photostat copy of this authorization shall be considered as effective and as valid as the original.

Signature of Parent/Legal Guardian

Date

The mission of the Mountain View Christian School is to provide an education for eternity in a Christian environment that combines excellent academics with spiritual, physical, mental, and social development.



PROVIDING CHILDREN WITH EDUCATION FOR ETERNITY

Parent and Student Handbook Agreement Form

*****Form must be signed and returned prior to the beginning of the school year.***

Student's Name: _____ Grade: _____

Teacher's Name: _____ Date: _____

I have received and reviewed the MVCS Handbook. I clearly understand what is expected of the students at MVCS and I agree to uphold these standards.

Signature of Student

Date

Signature of Parent/Legal Guardian

Date



PROVIDING CHILDREN WITH EDUCATION FOR ETERNITY

Internet and Computer Use Agreement Grades 3 thru 8

Student's Agreement:

I have read the information above and understand it. I agree to follow these rules at all times when I am using the Network at school

Signature of Student

Date

Parent's Agreement:

My child understands the rules that he/she is to follow in using the Internet at school. I have talked with him/her to make sure those rules are understood. I understand that employees of the school will make every reasonable effort to restrict access to inappropriate material on the Internet, but I will not hold them responsible for materials my child acquires as a result of the use of the Internet from the school facilities. I give my permission for my child to use the Internet while at school.

Signature of Parent/Legal Guardian

Date

From #11



Internet and Computer Use Agreement Grades Pre-School thru 2

Student's Agreement:

I understand the rules that have been read to me. I agree to obey these rules when I'm using the computers at school. If I do not obey, I may not be able to use the internet again at school.

Signature of Student

Date

Parent's Agreement:

I have read these rules to my child, and believe he/she understands them. I understand that employees of the school will make every reasonable effort to restrict access to inappropriate material on the Internet, but I will not hold them responsible for materials my child acquires as a result of the use of the Internet from the school facilities. I give my permission for my child to use the Internet while at school.

Signature of Parent/Legal Guardian

Date

From #10



PROVIDING CHILDREN WITH EDUCATION FOR ETERNITY

Picture Release Form

I agree to allow Mountain View Christian School to use any pictures of my student, while on a school sponsored activity, for promotion of the school through newsletters, brochures, web pages, facebook, and video presentations.

I understand that no personal information will be attached to the picture such as the student's last name or address, without my first being notified and asked for permission.

Student's Name: _____

Parent's Name: _____

Signature of Parent/Legal Guardian

Date

Signature of Principal

Date

*The mission of the **Mountain View Christian School** is to provide an education for eternity in a Christian environment that combines excellent academics with spiritual, physical, mental, and social development.*



PROVIDING CHILDREN WITH EDUCATION FOR ETERNITY

Transcript Request Form

Request for Student Records

Date: _____

To:

School Name: _____

School

Address: _____

Please send the Academic and Health Records pertaining to the following student who has enrolled in Mountain View Christian School:

Student Name: _____

Birth date: _____

Last Grade Enrolled: _____

Signature of Parent/Legal Guardian

Date

From:
Mountain View Christian School
305 Fleming Street
South Williamsport, PA 17702-7435

Phone: (570) 327-9238
Email: info@mvchristianschool.com



Local Field Trip Permission Form

We encourage our students to be involved in local community outreach and we teach them the value of service, of the joy of helping others, especially those in need, as Jesus instructed us. It is also our desire to give our students the opportunity to get out into nature to exercise and enjoy its benefits. During the school year we schedule trips to **various activities such as:**

- The South Williamsport Community Park or Susquehanna River Walk
- Visits to local nursing and assisted living homes
- The South Williamsport Seventh-Day Adventist Church program practices

Transportation for these trips will be provided only by teachers and volunteers who have completed the required background check as well as having the required insurance coverage on their vehicle. Please complete the following to provide permission for transportation to the above referenced trips.

If you would also like transportation to be provided by a designated parent, when the individual is available, please specify below.

Please note: Other field trips not mentioned here will require an additional permission form specifically for that trip.

I give permission for my child _____ to visit the locations listed above during the school year. In case of an emergency, I give permission for my child to receive medical treatment. In case of such emergency, please contact:

Name: _____ Phone: _____

Though all attempts will be made to utilize our school van/bus for transportation, I also give permission for the individual indicated here, when individual is available, to provide transportation:

_____ (name of individual)

Signature of Parent/Legal Guardian

Date

The mission of the Mountain View Christian School is to provide an education for eternity in a Christian environment that combines excellent academics with spiritual, physical, mental, and social development.



Medical Examination

For students of Pennsylvania Conference of Seventh-day Adventists Office of Education

Student's Name: _____ Age: _____

Address: _____
Street
City
State
Zip

Name of School: Mountain View Christian School Date of Birth: ____/____/____

Name of Doctor: _____ Grade: _____

Date of Examination: ____/____/____

IMMUNIZATION STATUS

Give the date of each immunization or date of blood test to prove immunity.

	First Dose	Second Dose	Third Dose	Fourth Dose	Additional Doses needed at this time?
<input type="checkbox"/> DtaP <input type="checkbox"/> DTP <input type="checkbox"/> DDT					<input type="checkbox"/> Yes <input type="checkbox"/> No
Td				Three doses required for pupils 7 or older	<input type="checkbox"/> Yes <input type="checkbox"/> No
Polio				3 doses for pupils less than 18	<input type="checkbox"/> Yes <input type="checkbox"/> No
Measles			2 doses of live virus vaccine by first birthday	Proof of immunity by positive blood test acceptable	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rubella		1 dose of live virus vaccine	Vaccine must have been given on or after first birthday	Proof of immunity by positive blood test acceptable	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mumps		1 dose of live virus vaccine	Vaccine must have been given on or after first birthday	Proof of immunity by positive blood test acceptable	<input type="checkbox"/> Yes <input type="checkbox"/> No
Haemophilus influenza type B		1 dose of live virus vaccine	Vaccine must have been given on or after first birthday	Proof of immunity by positive blood test acceptable	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hepatitis B				Three doses required for pupils 5 or older	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chickenpox		1 dose of live virus vaccine	Vaccine must have been given on or after first birthday	Proof of immunity by positive blood test acceptable	<input type="checkbox"/> Yes <input type="checkbox"/> No

Has the student received a smallpox immunization? NO YES If Yes, date: _____

Are there medical reasons for this child to be exempted from any of the above immunizations? NO YES If Yes, explain:



Medical Examination

For students of Pennsylvania Conference of Seventh-day Adventists Office of Education

Student's Name: _____ Age: _____

Address: _____
Street City State Zip

Name of School: Mountain View Christian School Date of Birth: ____/____/____

Name of Doctor: _____ Grade: _____

Date of Examination: ____/____/____

IMMUNIZATION STATUS

Give the date of each immunization or date of blood test to prove immunity.

	First Dose	Second Dose	Third Dose	Fourth Dose	Additional Doses needed at this time?
<input type="checkbox"/> DtaP <input type="checkbox"/> DTP <input type="checkbox"/> DT					<input type="checkbox"/> Yes <input type="checkbox"/> No
Td				Three doses required for pupils 7 or older	<input type="checkbox"/> Yes <input type="checkbox"/> No
Polio				3 doses for pupils less than 18	<input type="checkbox"/> Yes <input type="checkbox"/> No
Measles			2 doses of live virus vaccine by first birthday	Proof of immunity by positive blood test acceptable	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rubella		1 dose of live virus vaccine	Vaccine must have been given on or after first birthday	Proof of immunity by positive blood test acceptable	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mumps		1 dose of live virus vaccine	Vaccine must have been given on or after first birthday	Proof of immunity by positive blood test acceptable	<input type="checkbox"/> Yes <input type="checkbox"/> No
Haemophilus influenza type B		1 dose of live virus vaccine	Vaccine must have been given on or after first birthday	Proof of immunity by positive blood test acceptable	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hepatitis B				Three doses required for pupils 5 or older	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chickenpox		1 dose of live virus vaccine	Vaccine must have been given on or after first birthday	Proof of immunity by positive blood test acceptable	<input type="checkbox"/> Yes <input type="checkbox"/> No

Has the student received a smallpox immunization? NO YES If Yes, date: _____

Are there medical reasons for this child to be exempted from any of the above immunizations? NO YES If Yes, explain:
