



TENTATIVE STUDENT ENROLLMENT APPLICATION

Date of Application _____ School year _____

Student's name _____

PreK _____ Full day K/Grade Entering _____

Gender: M _____ F _____ Age _____ Date of birth _____

Home Address _____

City _____ Parent/Guardian Phone # _____

Student Health Concerns (medications, glasses, diabetes, allergies, hearing challenges, etc.)

Student's last school attended: _____

Parent/Guardian Name: _____

Please note that in signing this form, you are expressing interest in placing your child(ren) in Mountain View Christian School. We will contact you to set a time to meet with you to address concerns and answer any questions.

