



MERIDIAN CHRISTIAN ACADEMY

STUDENT APPLICATION

STUDENT INFORMATION

Student Name: _____ Date of Birth: _____ Grade to Enter: _____

Age: _____ Male ___ Female ___

Ethnicity: Black/African American Caucasian Hispanic Other-Please specify _____

Referred by: _____

Tuition Payment Method: Step Up for Students Recipient FES Hope Recipient

Meridian Christian Academy will admit students of any race, color, nationality, and/or ethnic background to all rights, privileges, programs, and activities generally accorded to students at the school. We will not discriminate on the basis of race, color, nationality, and/or ethnic background in the administration of our educational and admission policies.

For Office Use Only:

Application Fee Check # _____ Cash Credit Card Money Order **Pmt. Date:** _____

Registration Fee Check # _____ Cash Credit Card Money Order **Pmt. Date:** _____

Admissions Test Fee Check # _____ Cash Credit Card Money Order **Pmt. Date:** _____

Accepted? Yes No Terms _____ Authorized Initial _____

Committed to Christ, dedicated to education.

Meridian Christian Academy

1 South Cottage Hill Road

Orlando, FL 32805

407.730.3470

office@mcaorlando.org



MERIDIAN CHRISTIAN ACADEMY

FAMILY INFORMATION

Applicant lives with (Check all that apply):

Father Stepfather Mother Stepmother Other: _____

FATHER / STEPFATHER

Title/ Name: _____ Email Address: _____

Home Phone: _____ Cellular Phone: _____

Address: _____

City, State, Zip: _____

Employer: _____

Occupation: _____ Work Phone and Ext: _____

MOTHER / STEPMOTHER

Title/ Name: _____ Email Address: _____

Home Phone: _____ Cellular Phone: _____

Address: _____

City, State, Zip: _____

Employer: _____

Occupation: _____ Work Phone and Ext: _____

*It is the responsibility of the parent / legal guardian to support denial of parent access requests with court-ordered documentation regarding custody and/or revocation of parental rights.



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EDUCATIONAL / BACKGROUND INFORMATION

Student's Current School: _____

Current School Address: _____

School Phone #: _____ Homeschool Private Public

Number of Years Attended _____

Has your child ever skipped a grade? Yes No

If yes, which grade(s)? _____

Has your child ever been suspended, expelled, or asked to withdraw from their present school for any reason? Yes No

If yes, please explain:

Has your child ever attended a school or participated in a program designed for students who have special academic needs or abilities (including gifted, special education, tutoring, etc.)? Yes No

If yes, please explain.

Has your child ever been diagnosed with a learning disability? Yes No

If so, please provide details of the diagnosis. _____

Does the student take medication for any medical need and/or learning disability?

Yes No

If yes, please describe the medication and its effects (i.e., improves concentration and focus, prevents headaches, controls mood, etc.): _____



PARENT-SCHOOL AGREEMENT

_____ I/We agree to support and abide by school regulations and guidelines not only at the time of admission but also throughout subsequent years of attendance. I/We authorize MCA to contact current and previous schools and other sources to obtain information to support this application. I/We will not seek access to confidential recommendations and evaluation materials before or after the admissions decision has been made.

_____ **I/We agree:**

1. To support the standards of the school in every area of its policies and procedures—academically, behaviorally, spiritually, in dress and in discipline.
2. To support the school in its endeavors in training my child in the Christian faith by example, prayerful encouragement, Chapel and Bible classes.
3. To assume the responsibility for my child’s education by supervising assigned homework and initiating contact with my child’s teacher.
4. To be involved in my child’s education through attendance and participation in the various activities of the school, including all meetings held for parents.
5. I understand that all recommendations and forms are required to complete the application process.

STATEMENT OF COOPERATION

I give permission for my child(ren) to take part in all school activities, including bus trips, sports activities, and school-sponsored trips away from the school premises. I also believe that discipline is necessary for the welfare of each student, as well as for the entire school body. I further agree to hold the school, its agents and Carter Tabernacle CME Church harmless for the liability of my child(ren) or any guardian or parent thereof because of any claims on behalf of my child(ren) against the school or any agent thereof because of any injury or alleged injury to my child(ren). Should legal action for any reason, be taken against Meridian Christian Academy or any employee or agent thereof, on my child(ren)’s behalf and the school or its agent not found to be at fault, I agree to pay any attorney fees, court fees, damages or other costs that Meridian Christian Academy or its agent(s) should incur to defend itself against such action.

_____ **This Statement of Cooperation** will be in effect for as long as my listed child(ren) attends Meridian Christian Academy. I understand that should my marital status change, it is my responsibility to have an updated Statement of Cooperation signed and delivered to Meridian Christian Academy. Meridian admits students of any race, color, and national or ethnic origin.



FINANCIAL POLICIES

Self-Paying Parents

Parent Accounts are established for each family enrolled at the academy. We accept cash, checks, cashier's checks, money orders, and credit cards. All tuition payments are due by the first of the month and are late if received after the 5th. Payments made after the close of business on the 5th will incur a **\$50** late fee per child. If tuition payment has not been received within 15 days following the five-day grace period, as of the 16th day, the student(s) will not be permitted to class until the parent account is brought current. Students whose tuition has remained unpaid for 30 days will be automatically withdrawn from the academy.

Scholarship Recipients (Step Up for Students, Hope, FES, AAA, Gardiner, and McKay)

Scholarship Tuition payments are distributed four times during the school year by the Step Up For Students, AAA, Gardiner, John McKay and Hope Scholarship programs. Though distributed by a third party, parents must be mindful that these scholarship payments cover the recipient's tuition and fund their student's enrollment at Meridian Christian Academy. All parents of scholarship recipients are required to endorse the scholarship check within two (2) business days of receiving text and/or email notification. Failure to endorse checks by the close of business of the second signing day will result in a **\$50** per child late check signing fee. If the scholarship recipient's check has not been endorsed for 15 days following the signing period, as of the 16th day, the student(s) will not be permitted to class until the scholarship check is signed. Students whose scholarship check has remained unsigned for 30 days will be automatically withdrawn from the academy.

FINANCIAL OBLIGATION AGREEMENT

Self-Paying Parents

- I understand that tuition is due by the first of the month and are late if received after the 5th. Payments made after the close of business on the 5th will incur a **\$50** late fee per child.
- I further understand that failure to pay within the due dates prescribed above will ultimately result in my student's withdrawal from the academy.

Scholarship Recipients

- I understand that scholarship payments are distributed four times within the school year and require my signature.
- I further understand that I have 2 business days from the time of notification to endorse payment, or a \$50 late fee per child will be charged to my account. Failure to sign within the due dates prescribed above will result in my student's withdrawal from the academy.

My signature verifies that I have read and accepted the terms and conditions outlined in this contract.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____



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TRANSPORTATION FORM

Parent Name: _____ Phone Number: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

If applicable, please review the following statement and sign below.

I give my child(ren) named permission to walk and/or take public transportation when leaving school, thereby releasing Meridian Christian Academy of any and all liability or harm that may occur.

Parent Signature: _____ Date: _____

AUTHORIZED PICK-UP PERSON(S)

The following people are emergency contacts and authorized to pick-up or sign my child out from school. No one else is permitted to do so unless I notify the school in advance:

Name (Print) Phone Number Relationship

Name (Print) Phone Number Relationship

Name (Print) Phone Number Relationship

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MEDICAL HISTORY

Student Name: _____ Grade: _____

Please list any medical conditions of which school personnel should be aware (e.g ADD, ADHD, Asthma, etc.):

Does your child take medication regularly? Y/N _____ If so, please list medication(s) and the effects on your child's ability to function in school:

Please list any known allergies:

EMERGENCY MEDICAL AUTHORIZATION/LIABILITY RELEASE

The above-named child is presently attending Meridian Christian Academy. He/she has the following physical or medical limitations, including allergies and prohibited medicine: _____

VERIFICATION OF HOSPITALIZATION INSURANCE FOR CHILD

Insurance Company: _____ Policy/I.D. #: _____

I hereby authorize and consent for Meridian Christian Academy's staff to employ a licensed physician on my behalf for the emergency treatment of my child, in connection with any injury, accident or illness suffered or sustained while involved in a school activity or while on school property. Said authorization and consent for emergency treatment includes hospitalization and surgical procedures recommended by physician.

I understand that every reasonable effort will be made to notify me in case of such an emergency. I do hereby release Meridian Christian Academy from any and all medical or hospital expense resulting from any type of accident or injury occurring to my child while involved in any school activity on or off campus.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____