Directions: Please return this form to the school office with the \$40 assessment fee. (money order) After this application and fee is received, you will be contacted for an appointment. How did you learn about Mount Zion Baptist Christian School? What parent or student do you know that attends Mount Zion? PLEASE PRINT CLEARLY Student Name _____ First Address Street City/County
Home telephone_____ Cell #_____ Street City/County State Zip Code ____ Work ____ Birth date _____ Sex ____ Student Social Security # ___ Parent or Guardian Information _____ Cell # _____ Home Mother/Guardian Home Address/City/Zip Code _____ Place of Employment _____ ____Occupation ____ Father/Guardian _ _____ Cell # ______ Home ____ Home Address/City/Zip Code _____ ____Occupation _____ Place of Employment Christian History Pastor's Name _____ Church (membership) _____ How is your child receiving Christian training? (check one) Sunday School _____ Bible Study ____ Children's Church ____ Academic Information 1. Current School Grade 2. Describe your child's overall academic performance level: Above Grade___ On Grade___ Below Grade ____ 3. Does your child have any special learning needs or abilities? 4. Did the teacher or the school contacted you in regard to your child's conduct? Was your child suspended? If yes, please explain reason: **Student Medical Information** 1. Describe your child's overall health: ___excellent ___good ___poor 2. Is there anything the school needs to know about your child's health, medications or allergies? (if yes, explain) Physician Phone Is there any additional information, you need to share about your child? Date _____ Parent Signature _____ To Be Completed By the School Office Date Application Received _____ Assessm't fee received \$____ MO #____ Initials Assessment Date _____ Accepted for Enrollment: Yes No _____ **Additional Fees Paid:** Date ______ Registration Fee _____ Book Fee _____ Tuition ____ # ____ Initials _____