## Mount Zion Baptist Christian School 2012 – 2013 High School Application for Assessment

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?
Please PRINT
Student Name
Last First Middle   Address
Street City/County State Zip Code
Home telephone      Cell #      Work        Birth date      Sex      Student Social Security #
Parent or Guardian Information
Mother/Guardian Cell # Home
Home Address/City/Zip Code
Place of EmploymentOccupation
Father/Guardian        Cell #        Home
Home Address/City/Zip Code
Place of EmploymentOccupation
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?
Student Medical Information
1. Describe your child's overall health:excellentgoodpoor        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?
Parent Signature Date
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