Directions: Please return this form to the school office with the \$25 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 Student Name First Middle Address Street City/County State Zip Code ____ Cell #_ Work Home telephone Student Social Security # Birth date _____ Parent or Guardian Information Cell # Home Mother/Guardian Home Address/City/Zip Code _____ Place of Employment ______Occupation _____ _____ Cell # _____ Home _____ Father/Guardian Home Address/City/Zip Code _____ Place of Employment Occupation **Christian History** Pastor's Name Church (membership) How is your child receiving Christian training? (check one) Sunday School ____ Bible Study ___ Children's Church ____ **Student Information** Current School or Daycare Center Child's Age Describe your child's social interaction skills: plays well with others prefers to play alone **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? Parent Signature ____ Date ____ To Be Completed By the School Office Date Application Received _____ Assessm't fee received \$____ MO # ____ Initials ____ Assessment Date _____ Enrollment Decision: Ready Yes Not Yet **Additional Fees Paid:** Date ______ Registration Fee _____ Book Fee _____ Tuition ____ # ____ Initials ____