



"Equipping Students for God's Purpose"

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 www.MountZionNH.org

For Office Use Only			
Date Received	_____		
App. Fee Rec'd	_____ Amt.\$ _____	Ck# _____	
Reg. Fee Rec'd	_____ Amt.\$ _____	Ck# _____	

Date: ___ / ___ / ___

Student Application

(K4- 12)

STUDENT NAME _____ NICKNAME _____
First Middle Last (to be used at school by peers & teachers)

ADDRESS _____
Street/Apt. # / P.O. Box / Route #

CITY _____ STATE _____ ZIP CODE _____

Home Telephone: _____ Listed Unlisted Is your child a U.S. citizen? Yes No

If no, give I-95, Passport or Immigration Number _____ and Date of Entry _____

Date of Birth _____ Male Female Place of Birth _____

Current GRADE _____ Applying for GRADE _____ for the academic Year 20__ - 20__

Please list all schools the applicant previously attended starting with the most recent:

Name of School	City/State	Phone Number	Grade(s) Attended

FAMILY INFORMATION:

With whom does the applicant reside? _____

Are there special child custody provisions? Yes No If yes, please provide documentation.

Father/Male Guardian:

Name: _____ Home Phone: _____

Home Address: _____ Cell Phone: _____

& Street/P.O. Box/Route

_____ E-Mail Address _____

City State Zip Code

Employer: _____ Work Phone: _____

Employer's Address: _____

Church Now Attending: _____ Pastor: _____

Church Attendance: Regular Sporadic Seldom Pastor's phone: _____

Marital Status: Spouse Living at Home Separated Divorced Spouse Deceased

Mother/Female Guardian:

Name: _____ Home Phone: _____

Home Address: _____ Cell Phone: _____

& Street/P.O. Box/Route

_____ E-Mail Address _____

City State Zip Code

Employer: _____ Work Phone: _____

Employer's Address: _____

Church Now Attending: _____ Pastor: _____

Church Attendance: Regular Sporadic Seldom Pastor's phone: _____

Marital Status: Spouse Living at Home Separated Divorced Spouse Deceased

List names and ages of siblings of the applicant:

Sibling's Name		Age
1.		
2.		
3.		
4.		

FINANCIAL:

Financial obligation for tuitions & fees goes to: Father Only Both Parents Mother Only

If someone other than the parent/guardian listed above is responsible for the financial obligations while this student is enrolled at Mount Zion, please complete the following information:

Name(s) _____ Relationship to Student _____

Address _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-Mail Address _____

EDUCATIONAL HISTORY:

Has the applicant ever been involved in a serious infraction of school rules that caused him/her to be suspended, withdrawn, or expelled from the school? Yes No If yes, list the...

Offense and Date

Consequence

Has the applicant had any history of excessive tardies or absences from school? Yes No

If yes, explain: _____

Has the applicant ever been arrested? Yes No

If yes, explain: _____

Does the applicant have any history of health problems (physical or emotional)? Yes No

If yes, explain: _____

Is the applicant on medication? Yes No If yes, type(s) _____

If yes, what is the intended result(s) of the medication(s)? _____

Does the applicant have any type of learning disability, difficulty or limitations? Yes No

If Yes, explain: _____

Does the applicant have any type of learning modification or individual education plan (IEP) – past or present? Yes No

If Yes, explain: _____

I understand it is my responsibility to ensure that all the appropriate recommendation forms, as listed below, are delivered to the appropriate individuals and that they have been completed and returned to Mount Zion Christian School in a timely manner.

I have completed this student application truthfully, to the best of my knowledge and give permission for Mount Zion Christian Schools' administration to call past and current teachers, tutors, administrators and/or pastors. I also certify that I have read the enclosed materials along with this application.

Father/Guardian Signature

Date

Mother/Guardian Signature

Date

Please list to whom you will be sending reference forms (grades 7 – 12 only).

Reference Forms required:	Names	Telephone #
<ul style="list-style-type: none"> Pastor or Youth Leader Recommendation Form 		
<ul style="list-style-type: none"> Academic Reference (teacher, principal, guidance counselor) 		

Applicant/Student (Grades 4 -12 only) Student Name _____
(To be filled out by student)

Do you want to attend Mount Zion Christian Schools? Yes No

In your best handwriting, compose a well thought out paragraph explaining why you do (or do not) wish to attend Mount Zion Christian Schools. (you may use a separate piece of paper or the back of this form)

Do you know Jesus Christ as your savior? Yes No

If yes, please write a paragraph below about how you came to know Christ as your Savior.

If no, have you ever had the gospel explained to you? Yes No

Are you willing to learn more about the Christian faith? Yes No