



**Mount Zion**  
CHRISTIAN SCHOOLS

*Mission Statement*  
Mount Zion Christian Schools provide an academically challenging, Christ-centered community that equips students with a Christian worldview grounded in the scriptures to achieve excellence in God's unique purpose for them.

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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

(Grades 1- 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: \_\_\_\_\_

\_\_\_\_\_

Has any form of academic testing been done for the applicant in past years? If yes, what have been the results of the two most recent academic tests (include actual copies if possible):

Type \_\_\_\_\_ Date \_\_\_\_\_ Results \_\_\_\_\_

Type \_\_\_\_\_ Date \_\_\_\_\_ Results \_\_\_\_\_

Is the applicant currently involved in any special programs or receiving any special services from your school or from a private source? \_\_\_\_\_

- Chapter One
- Speech Therapy
- Reading Recovery
- Gifted Education/Enrichment
- Physical Therapy
- Special Education
- Other \_\_\_\_\_

*If so, please provide documentation of testing, which was done to qualify the applicant.*

**PARENT INFORMATION:**

Parents, please write a paragraph or two to describe why you would like your son/daughter to attend Mount Zion Christian Schools:

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How did you hear about Mount Zion Christian Schools? \_\_\_\_\_

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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"> <li>Pastor or Youth Leader Recommendation Form</li> </ul>		
<ul style="list-style-type: none"> <li>Academic Reference (teacher, principal, guidance counselor)</li> </ul>		

**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