

Murrieta Springs Adventist Christian Academy



32477 Starbuck Circle Murrieta, CA 92562
 Phone: 951-461-2243 Fax 951-461-9565
 WEB:MSACA.INFO

2009-2010 Admission Application

Student Information				
Last Name	First Name	Middle Name	Age	Grade
Home Phone Number	Email Address	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth date	Birthplace
For statistical Purposes Only (optional)				
<input type="checkbox"/> Asian/Pacific Isl. <input type="checkbox"/> American In./Alaskan Native <input type="checkbox"/> African-Amer. <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other				
Student Lives With...			Is student Baptized SDA?	
<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Other			<input type="checkbox"/> Yes, Year? ____ <input type="checkbox"/> No	
Parent/Guardian Information:				
Primary Residence		Secondary Residence		
Name (Last, First)	Name (Last, First)	Name (Last, First)	Name (Last, First)	
Relationship	Relationship	Relationship	Relationship	
Mailing Address	Mailing Address	Mailing Address	Mailing Address	
City, State, Zip	City, State, Zip	City, State, Zip	City, State, Zip	
Home Number	Home Number	Home Number	Home Number	
Work Phone	Work Phone	Work Phone	Work Phone	
Mobile	Mobile	Mobile	Mobile	
Email	Email	Email	Email	
Occupation	Occupation	Occupation	Occupation	
SDA? <input type="checkbox"/> Y <input type="checkbox"/> N	SDA? <input type="checkbox"/> Y <input type="checkbox"/> N	SDA? <input type="checkbox"/> Y <input type="checkbox"/> N	SDA? <input type="checkbox"/> Y <input type="checkbox"/> N	
Church Where Membership is held? (SDA or Other)	Church Where Membership is held? (SDA or Other)	Church Where Membership is held? (SDA or Other)	Church Where Membership is held? (SDA or Other)	
Name & age of other children in the home.	Child's name & age	Child's name & age	Child's name & age	
Medical Information				
Physician's Name		Physician's Phone Number		
Medical Problems	Allergies	Medications		
Release- In Case of Emergency, I give permission for the school to contact and/or release				

my student to:			
Emergency Person #1		Relationship	Phone Number
Emergency Person #2		Relationship	Phone Number
Emergency Person #3		Relationship	Phone Number
New Students- Who may we thank for referring you? _____			
Name and Address of Last School Attended		Phone Number	Name of Last Teacher
<p>The following are needed prior to admission (please attach):</p> <input type="checkbox"/> Copy of the student's last grade report <input type="checkbox"/> Physical exam (for K & 7 th grades)			
<input type="checkbox"/> Copy of the student's last standardized test report <input type="checkbox"/> Immunization Records			
<input type="checkbox"/> Copy of the student's birth certificate (Kindergarten & 1 st grades only)			
<input type="checkbox"/> Student Recommendation Form (Grades 1-8 only)			
Student Commitment- I agree to abide by the school's policies and procedures. I have read, understood and will abide by the acceptable use policy in regards to the internet.			
Student's Name Printed		Student's Signature	Date
Parental Consent & Commitment- As the parent/guardian of this student,			
First Aid: I do hereby consent to reasonable and prudent first aid to be administered by school personnel to the said minor as circumstances merit.			
Medical: I do hereby consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or specific named instructions of the named physician or any physicians the school may call.			
Field Trips: I do hereby consent for my child to attend school sponsored field trips. (During the school year, teachers will schedule field trips away from campus and notes will be sent home giving additional information.)			
Marketing: I give permission to use my child for picture/video in promotional materials and articles for the school.			
School Bill: I will pay the school bill in accordance with the school policy and procedures.			
Aftercare/Homestretch: See details in the handbook.			
Volunteer Hours: <input type="checkbox"/> I plan to Volunteer & Report 5 hours per Quarter or <input type="checkbox"/> Bill me \$50 per Quarter.			
Scrip Requirement: <input type="checkbox"/> I will participate in the SCRIP Tuition Incentive Program or <input type="checkbox"/> Bill me \$10 per month for the SCRIP Opt Out Fee.			
Student / Parent Handbook: I can and will support the school and its policies. In addition, I will help my student observe the school rules.			
Parent's Signature		Date	Parent's Signature
			Date
For Office Use Only:			
App. Rec.		Recommendations	
Reg. Fee		Interview	
Grade Card		Tour	
Test Scores		Medical	
Academic Standards <input type="checkbox"/> Accepted <input type="checkbox"/> Not Accepted			
Date_____ Initials_____			
Routed To:			
<input type="checkbox"/> Business Office			
<input type="checkbox"/> Registrar			
<input type="checkbox"/> Principal			
<input type="checkbox"/> Teacher			