

# MT. OLIVE

Christian School

15349 Hwy 9  
Athens, LA 71003  
318-258-5661

LOUISIANA DEPARTMENT OF EDUCATION APPROVED  
BRUMFIELD-DODD APPROVED NON-DISCRIMINATORY INSTITUTION

## 2020-2021 APPLICATION FOR ADMISSION NEW STUDENTS

### *Notice of Non-discriminatory policy to Students*

*Mt. Olive Christian School admits students of any race, color, national and ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, scholarship programs, and athletic or other school administered programs.*

**Date of application:** \_\_\_\_\_

### Student Information

Name of Applicant: \_\_\_\_\_ Applying for grade: \_\_\_\_\_  
(Last) (First) Middle

Name Preferred: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_

Parent (Guardian) Name (with whom the child lives): \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_  
Mailing Address City State Zip

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

**Who is responsible for tuition?**

\_\_\_\_\_

Name

\_\_\_\_\_

Relationship to student

\_\_\_\_\_

Address (if different than above)

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip

\_\_\_\_\_

Home Phone

\_\_\_\_\_

Work Phone

**Family Information**

*Complete the following information that applies:*

Applicant's parents: Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_

If divorced, who has legal custody? \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employed by: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

(if different than above) Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

(if different than above)

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employed by: \_\_\_\_\_

Step-Parent/Guardian (if applicable)

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Mailing Address City State Zip

Home Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employed by: \_\_\_\_\_

**Former/Current School Information**

Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Mailing Address City State Zip

**Health Information**

Family Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Place of Birth: \_\_\_\_\_  
City State Parish/County

General Health of the Applicant: Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

Vision: \_\_\_\_\_ Hearing: \_\_\_\_\_

Any Health Problems or Serious Illnesses (physical, psychological, emotional):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies:  
\_\_\_\_\_

Regular/Prescription Medications:

\_\_\_\_\_

Physician: \_\_\_\_\_

Clinic: \_\_\_\_\_

Has the applicant ever been tested or received special help for a reading or learning difficulty? \_\_\_\_\_  
(If yes, please include a copy of the report with application.)

Has the applicant ever been diagnosed for or enrolled in any special education program or alternate school? (If yes, explain.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

On the lines below, please give a brief explanation of your reason for applying to Mt. Olive Christian School. Please include why you feel that Mt. Olive Christian School is the best school for your family.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Drug Policy**

Students in Grades 7-12 enrolled in Mt. Olive Christian School will take part in random, periodic drug screenings. This policy was adopted by the Board of Directors to serve as a deterrent to illegal drug use. By enrolling your child in Mt. Olive Christian School, you are agreeing to participate in this program.

**ADMISSIONS AGREEMENT BETWEEN PARENT AND MOCS**

I, as parent/guardian of the applicant, attest that all of the information in this application is true and accurate. I also understand that I must submit this application along with all other enrollment requirements including payment arrangements before my child will be enrolled. I understand that if I have a child in Grades 7-12, that child must submit to periodic drug tests to be given at the discretion of MOCS. I understand if any of the information in this application changes, it is my responsibility to inform the school immediately.

Signed: \_\_\_\_\_  
Parent or Guardian

Date: \_\_\_\_\_