



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

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

**2024-2025
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?

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:

Home Phone:

Cell Phone:

Email Address:

Occupation:

Work Phone:

Employed by:

Mother's Full Name: _____

Home Address:

(if different than above)

Home Phone:

(if different than above)

Cell Phone:

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: _____