



Student Information

(Please complete one per STUDENT.)

Student's Name: (As you would want listed in the yearbook): _____

D.O.B. _____ Preferred Name: _____

Age: _____ Gender: _____ Applying for grade: _____

Student's biological/legal parents are: Married/ living together _____ Separated _____ Divorced _____
 Widowed: _____ Other _____

If Other, please explain: _____

In the case of Separation or Divorce, who has legal custody? _____

Does your child have ANY allergies (medication, food, environmental)? If so, please list, along with the reaction:

Education History (Please obtain any transcripts and other educational documents such as IEPs, psychological evaluations, etc., from previous institutions and submit them with this application) :

| Grade: | Year: | School Name and Location: | Private school: | Public school: | Home school: |
|------------------|-------|---------------------------|-----------------|----------------|--------------|
| K | | | | | |
| 1 st | | | | | |
| 2 nd | | | | | |
| 3 rd | | | | | |
| 4 th | | | | | |
| 5 th | | | | | |
| 6 th | | | | | |
| 7 th | | | | | |
| 8 th | | | | | |
| 9 th | | | | | |
| 10 th | | | | | |
| 11 th | | | | | |



Please answer the following questions as candidly and honestly as possible. Failure to disclose requested information may result in application denial.

1. Does your child have any special learning needs (ADD, ADHD, ASD, Dyslexia, etc.) that would require special attention in a traditional classroom setting? ____ Yes ____ No. If yes, please explain:

2. Has your child ever been referred for testing or placed in a special program? ____ Yes ____ No
If yes, please explain:

3. Has your child ever seen or been referred to a counselor/doctor/psychiatrist for any type of social, behavioral, emotional, educational, or mental issue? ____ Yes ____ No. If yes, please explain:

4. Has your child ever taken medication for a learning or behavioral issue? ____ Yes ____ No. If yes, please explain:

5. If qualified, would you be interested in applying for the Exceptional Student Education program at Magnolia? (This program has an additional tuition rate.) ____ Yes ____ No. If yes, please attach a copy of your student's IEP and/or professional evaluation (educational psychologist, pediatrician, child psychiatrist, neurologist, etc.).

6. Has your child ever experienced any disciplinary problems at a previous school? (i.e., Has a teacher or administrator **EVER** contacted you regarding your child's behavior? Has this student ever been involved in behavior that resulted in being suspended, expelled, or asked to withdraw from another school?) ____ Yes ____ No
If yes, please explain and include the name(s) of the school(s):

7. Has this student ever been arrested? ____ Yes ____ No. If yes, please explain: _____

8. Has your child ever repeated a grade for any reason? ____ Yes ____ No. If yes, please explain: when and why?



9. What are some of your child's favorite things to do (hobbies, interests, sports)?

10. Please describe any medical challenges (heart, hearing difficulties, speech impediments, asthma, allergies, etc.) and any serious illnesses, conditions, diseases, injuries, or hospitalizations. _____

11. If a conflict arises between you (or your child) and the classroom teacher or an administrator, how would you attempt to solve the conflict?

12. What are some of your child's strengths?

Academic: _____

Social: _____

Physical: _____

13. What are some of your child's weaknesses?

Academic: _____

Social: _____

Physical: _____



15. If student is applying for ECE or Pre-K, are they: ___ in diapers ___ potty-training ___ fully potty-trained.

Additional comments: _____

Please provide an academic and church reference (attached) for each 1st through 12th grade student.

I/We affirm that the answers above are HONEST and TRUTHFUL.

Signatures of both parents are required, where applicable.

Father/Guardian Signature: _____

Print: _____ Date: _____

Mother/Guardian Signature: _____

Print: _____ Date: _____



Academic Reference Form

Incoming 1st to 12th graders

For students coming from a traditional school setting, hybrid, or co-op: Must be completed by:

- School administrator
- Teacher

Name of school: _____ City/State: _____

For students coming from a homeschool setting: Must be completed by a:

- Tutor
- Teacher
- Homeschool evaluator

Name of Applicant: _____ Applying for Grade: _____

We would appreciate your observations regarding this applicant who is seeking admission to Magnolia Christian School. Please complete this form and send to:

Attention: Principal at Magnolia Christian School
126 S. Ridgewood Avenue
DeLand, FL 32720

Or via email to admin@magnoliachristianschool.com.

FOR SCHOOLS ONLY

Please answer the following questions to the best of your knowledge:

1. If applicable, did the student's parents meet their financial obligations?

Yes

No - Explain: _____

2. Has the applicant ever been recommended for gifted or exceptional services?



- Gifted/Honors
- Exceptional Student Education
- Other

Did the applicant participate?

- Yes - In which?

- No - Why?

3. Is the applicant eligible to re-enter your school for the next term?

- Yes
- No

If no, please explain:

4. Has the applicant been involved in acts of dishonesty?

- Yes
- No

If yes, please describe:

5. Has the applicant been involved in the use of alcohol or drugs?

- Yes
- No

6. Has the applicant participated in or initiated disorderly, disruptive, or unmannerly conduct?

- Yes
- No

If yes, please describe:

7. Has the applicant exhibited unsatisfactory interaction with other students?



Yes

No

If yes, please describe:

8. Does the applicant have any significant limitations (academic, emotional, or social)?

Yes

No

If yes, please describe:

9. Has the applicant been disciplined by administrative officials (including being asked to withdraw from your school)?

Yes

No

Please explain any “yes” answers or make any comments which would be helpful to our administration in making admissions decisions. Your comments will remain confidential.

Please circle the response that best fits the applicant/family.

| | | | | | |
|--------------------|----------------|----------------------------------|---------|---------------------------------------|---------------------------------------|
| ACADEMIC | No Improvement | Apathetic | Average | Consistently Improving | Works to fullest potential and beyond |
| ACADEMIC POTENTIAL | No Potential | Room for significant improvement | Average | Ability to succeed if properly guided | Will succeed in any environment |
| MOTIVATION | Purposeless | Vacillating - Needs | Usually | Effectively | Highly motivated |



| | | | | | |
|---------------------------------|-------------------------------------|-----------------------------|------------------------------------|----------------------------------|---|
| | | Constant Supervision | purposeful | motivated | |
| INITIATIVE | Never initiates | Seldom initiates | Frequently initiates | Consistently self-reliant | Actively creative |
| INFLUENCE AND LEADERSHIP | Negative | Cooperative but not leading | Some contribution in minor affairs | Contributes in important affairs | Judgment respected, makes things happen |
| CONCERN FOR OTHERS | Self-centered | Indifferent | Somewhat socially concerned | Generally socially concerned | Deeply and actively concerned |
| RESPONSIBILITY | Unreliable | Somewhat dependable | Usually dependable | Conscientious | Assumes high responsibility |
| INTEGRITY | Not dependable/ Dishonest | Questionable at times | Generally honest | Reliable and dependable | Consistently trustworthy |
| EMOTIONAL STABILITY | Unresponsive/ Needs intervention | Excitable or Agitated | Usually well balanced | Well-balanced and stable | Exceptionally stable |
| RESPONSE TO AUTHORITY | Not acceptable | Acceptable | Satisfactory | Good | Exceptional |
| PARENTS OF APPLICANT | Obstructive | Apathetic | Cooperative | Interested | Very Involved |

Is there something you would prefer to discuss by telephone?

- Yes
- No

Specific recommendation:

- Recommended
- Not recommended
- Prefer not to make a recommendation

Thank you for your time and consideration in evaluating this student and his/her family.

Completed by: _____ Title:

Telephone: _____ Email:

Signature: _____ Date: _____



FOR CHURCH USE ONLY

We would appreciate your observations regarding this applicant who is seeking admission to Magnolia Christian School. Please complete this form and send to:

Attention: Principal at Magnolia Christian School
126 S. Ridgewood Avenue
DeLand, FL 32720

Or via email to admin@magnoliachristianschool.com.

Name of church: -----
Address: -----

Name / Position of person completing this form: -----
Phone: ----- Email: -----

How well do you know this family? ----- How long? -----

Parents are:

- Members
- Regular visitors
- Other (Please explain): -----

Does the family attend worship services?

- Yes
- No

How often?

- Weekly
- Frequently



Infrequently

Is the family active in your church?

Yes - please indicate activities: _____

No

Are there any matters that you feel would be helpful to the school's administration in evaluating the family's application for admission to Magnolia Christian School?

Is there something you would prefer to discuss by telephone? (If so, an administrator will contact you.)

Yes

No

Specific recommendation:

Highly recommended

Recommended

Not recommended

Prefer not to make a recommendation

Thank you for your time and consideration in evaluating this student and his/her family.

Completed by: _____ Title: _____

Signature: _____ Date: _____