



## Enrollment Application

P.O. Box 1716  
Polson, MT59860  
406.883.6858

### PARENT INFORMATION

(Parents/Guardians residing with child)

Father Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parents: Married  Separated  Divorced  Widowed  Single   
Means of transportation to and from school: Walk/Bike  Bus  Carpool  Drive  Other   
Church Member: Yes \_\_\_ No \_\_\_ Church Affiliation: \_\_\_\_\_

Other Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

### APPLICANT INFORMATION

(Please list oldest to youngest)

Use student's full legal name as recorded on birth certificate

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M/I: \_\_\_\_\_ Sex: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Present Age: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M/I: \_\_\_\_\_ Sex: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Present Age: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M/I: \_\_\_\_\_ Sex: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Present Age: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M/I: \_\_\_\_\_ Sex: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Present Age: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M/I: \_\_\_\_\_ Sex: \_\_\_\_\_  
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### EMERGENCY CONTACT INFORMATION

(Parents will be notified first of any emergency. In the event they cannot be reached, two alternate local emergency contacts are requested)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_

### OTHER CHILDREN IN HOME NOT ATTENDING MVCA

Name	Age	Grade	School Attending
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### PLEASE ANSWER FOR CHILDREN NEW TO MVCA

Has the student ever failed any grade? Yes  No

Student: \_\_\_\_\_ Explain: \_\_\_\_\_

Does the student have a learning disability or need tutoring or special education? Yes  No

Has the student had any academic or social problems at school? Yes  No

Has the student had any behavioral problems or ever been suspended at school? Yes  No

Why do you want to attend MVCA:

Are you interested in music lessons? Student: \_\_\_\_\_ Instrument: \_\_\_\_\_

Are you interested in sports? Student: \_\_\_\_\_ Sport: \_\_\_\_\_

Do you have special interests/goals/hobbies? Student: \_\_\_\_\_

Interests: \_\_\_\_\_



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### FAITH HISTORY

(This information is optional and is included to help us serve you)

Have you personally received Jesus Christ as your Lord and Savior? Yes  No

Church Affiliation: \_\_\_\_\_

Do you attend regularly? Yes  No

Name of Pastor: \_\_\_\_\_ Phone: \_\_\_\_\_

### Office Use Only:

New Student Name:	_____	Grade:	_____
New Student Name:	_____	Grade:	_____
New Student Name:	_____	Grade:	_____
New Student Name:	_____	Grade:	_____

Returning Student Name:	_____	Grade:	_____
Returning Student Name:	_____	Grade:	_____
Returning Student Name:	_____	Grade:	_____
Returning Student Name:	_____	Grade:	_____

Interview with Principal:

Records Release Signed:

Sent:

Received:

Immunization Record (or exemption):

Birth Certificate:

Health History:

Financial Agreement Service Plan:

Registration Card:

Permission Form:

Enrollment Completed for the \_\_\_\_\_ Family

Once enrolled, students receive:

Supply List:

Handbook:

Calendar:

Uniform Information: