

RETURN TO:  
136 S.7th Street  
Montebello, CA 90640

**OFFICE USE:** Date application was turned in : \_\_\_\_\_

PHONE NUMBER:  
(323) 728-4119  
Fax: (323) 728-8396

## MONTEBELLO CHRISTIAN SCHOOL APPLICATION FOR ADMISSION

This application does not assure final enrollment, but provides information upon which to base a decision. Further data will also be processed through testing and an interview with both parents and the child. If your application is accepted, it will be necessary to:

1. Pay the registration fee
2. Arrange for payment of the tuition for the first month
3. Bring in your child's birth certificate and immunization record

### PART I - STUDENT INFORMATION

**Student's**

**Name:** \_\_\_\_\_ Nickname: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

                    Last                      First                      Middle

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place: \_\_\_\_\_ Race: \_\_\_\_\_

**Check One:**     Natural     Adopted     Foster Child     Other: \_\_\_\_\_

Name of church student attends: \_\_\_\_\_ Name of Pastor: \_\_\_\_\_

Address of Church: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Applying for which grade? \_\_\_\_\_ Applying for which school year? \_\_\_\_\_ to \_\_\_\_\_

### PART II - PARENT/GUARDIAN INFORMATION

**Father's Name:** \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

**Check One:**     Married     Widowed     Divorced     Separated     Remarried     Unmarried

**Other Guardian:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

### PART III - STUDENT ACADEMICS

**School last attended:** \_\_\_\_\_ How long? \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

                    Street                      City                      State                      Zip

Name of Principal: \_\_\_\_\_ Name of last teacher: \_\_\_\_\_

If student has repeated or skipped any grade, state reason and grade: \_\_\_\_\_

Has the student ever had any disciplinary difficulty in school? \_\_\_\_\_ If yes, explain briefly. \_\_\_\_\_

Give grades on last report card. Grades listed below are for the period of \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_ Bible    \_\_\_\_ Reading    \_\_\_\_ Math    \_\_\_\_ History/Social Studies    \_\_\_\_ Science    \_\_\_\_ P.E.    \_\_\_\_ Citizenship

**PAGE 2 - APPLICATION FOR ADMISSION**

Has the student ever been suspended or expelled from school? \_\_\_\_\_ If yes, please state the reason. \_\_\_\_\_

Indicate mental, emotional or special physical disabilities which may affect the student's activities or progress. (Reply will be held in strict confidence.) \_\_\_\_\_

List special interests or hobbies of the student. \_\_\_\_\_

Does your student receive medication? \_\_\_\_\_ If yes, what type: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

Does your student make friends readily? \_\_\_\_\_

How do you gauge your child as a student? \_\_\_\_\_

What motivates your student to learn? \_\_\_\_\_

What forms of discipline have you found effective with your student? \_\_\_\_\_

What one character trait of your student do you value greatest? \_\_\_\_\_

**PART IV - FAMILY INFORMATION**

1. Check the number of people living in your home:  2  3  4  5  6  7  8  Other: \_\_\_\_\_

2. List **all** children in your family (name, gender and age): Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

3. Are you applying for admission for all your children to our school? \_\_\_\_\_ If no, why? \_\_\_\_\_

4. Language spoken most often in the home: \_\_\_\_\_

5. What practices do you follow that provide spiritual strength for your family? \_\_\_\_\_

6. What is your feeling about the influence of TV on your child? \_\_\_\_\_

7. Are there any unusual factors in the child's life? (Absence of father or mother, in-laws or grandparents in the home, unusual accidents or serious illness, premature birth, etc.) \_\_\_\_\_

8. What contribution does your child make to his/her family? (i.e., household chores, etc.) \_\_\_\_\_

9. Have you been satisfied with the education of your child up until now? \_\_\_\_\_

If not, in what areas do you desire improvement? \_\_\_\_\_

10. How did you become interested in this school? \_\_\_\_\_

11. State briefly why you want your child to attend this school. \_\_\_\_\_

12. In your opinion, what is a Christian School? \_\_\_\_\_

**PART V - MOTHER'S INFORMATION**

1. Home address if different from child. \_\_\_\_\_
2. Church attending: \_\_\_\_\_ Are you a member? \_\_\_\_\_  
Church address: \_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_\_  
Pastor: \_\_\_\_\_
3. Please give a statement as to your personal experience and faith in Jesus Christ. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Why do you want your child to attend Montebello Christian School? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. What do you want your child taught about God? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. What are your priorities regarding the total education of your child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. What do you think are the characteristics of a Christian family? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby sign this paper in full knowledge of the following:

- I will encourage my child to follow Christian values and to abide by the rules and standards of Montebello Christian School.
- I will read the school handbook, including the dress code, and be responsible that my child abide by it.
- I authorize Montebello Christian School to employ such discipline as the school personnel deems wise and expedient for my child.
- I understand the operation of the school is completely dependent on tuition income. I will make my payments and financial commitments to the school on a regular "on time" basis.

\_\_\_\_\_  
Signature of Mother

\_\_\_\_\_  
Date

**RACIAL NON-DISCRIMINATION STATEMENT**

The school has a racially non-discriminatory policy. Montebello Christian School shall make no distinction in its admission or educational service on the grounds of race, color or national origin.

Montebello Christian School  
is a ministry of Montebello Christian Fellowship

**PART VI - FATHER'S INFORMATION**

1. Home address if different from child. \_\_\_\_\_
2. Church attending: \_\_\_\_\_ Are you a member? \_\_\_\_\_  
Church address: \_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_\_  
Pastor: \_\_\_\_\_
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\_\_\_\_\_  
\_\_\_\_\_
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\_\_\_\_\_  
\_\_\_\_\_
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\_\_\_\_\_  
\_\_\_\_\_
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\_\_\_\_\_  
\_\_\_\_\_
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\_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_  
Signature of Father

\_\_\_\_\_  
Date

**RACIAL NON-DISCRIMINATION STATEMENT**

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Montebello Christian School  
**FAMILY FINANCIAL INFORMATION**

Student's Name(s)	Grade:
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____

**FATHER'S NAME:** \_\_\_\_\_  
 Living in home (Check One):  Father  Stepfather

Home Phone #: ( ) \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip

Cell Phone #: ( ) \_\_\_\_\_

Social Security: - - Date of Birth: \_\_\_\_\_

Pager #: ( ) \_\_\_\_\_

Driver's License: \_\_\_\_\_

Employed By: \_\_\_\_\_

Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street City Zip

Business Phone: ( ) \_\_\_\_\_

**MOTHER'S NAME:** \_\_\_\_\_  
 Living in home (Check One):  Mother  Stepmother

Home Phone #: ( ) \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip

Cell Phone #: ( ) \_\_\_\_\_

Social Security: - - Date of Birth: \_\_\_\_\_

Pager #: ( ) \_\_\_\_\_

Driver's License: \_\_\_\_\_

Employed By: \_\_\_\_\_

Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street City Zip

Business Phone: ( ) \_\_\_\_\_

**OTHER FINANCIALLY RESPONSIBLE PERSON:** \_\_\_\_\_

Home Phone #: ( ) \_\_\_\_\_

(Check):  Living in home  Relationship to Student(s) \_\_\_\_\_

Cell Phone #: ( ) \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip

Pager #: ( ) \_\_\_\_\_

Social Security: - - Date of Birth: \_\_\_\_\_

Driver's License: \_\_\_\_\_

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

Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street City Zip

Business Phone: ( ) \_\_\_\_\_

I agree to make regular prompt tuition payments and of any other school related costs during enrollment at Montebello Christian School of the above mentioned student(s). I understand that late payments will result in a **\$ 25 late fee**. I further understand that delinquent tuition accounts as outlined in the handbook will result in the suspension of my student(s) from attending classes until the account is paid in full.

Father's Signature:  X  \_\_\_\_\_ Date: \_\_\_\_\_

Mother's Signature:  X  \_\_\_\_\_ Date: \_\_\_\_\_

Other Financially Responsible Person:  X  \_\_\_\_\_ Date: \_\_\_\_\_

# Student Medical History

<b>NAME:</b> _____		
Date of Birth: ____ / ____ / ____	Sex: M / F	Social Security: ____ - ____ - ____
Address: _____		
Home Phone: ( ____ ) _____		

<b>HEALTH INSURANCE:</b>	
Carrier Name: _____	Group Number: _____
Address: _____	Subscriber Number: _____

<b>DOCTOR'S NAME:</b>
Address: _____
Phone Number: ( ____ ) _____

<b>CURRENT MEDICATIONS:</b>	
Any Allergies: <u>    </u> Medication	What: _____
<u>    </u> Food	What: _____
<u>    </u> Other	What: _____



IMMUNIZATION:	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>		
DTP	/ /	/ /	/ /	/ /	/ /		
Polio (OPV or IPV)	/ /	/ /	/ /	/ /	/ /		
MMR	/ /	/ /					
Hib Meningitis	/ /	/ /				/ /	/ /
Hepatitis B	/ /	/ /				/ /	/ /
Hepatitis A	/ /	/ /				/ /	/ /
Varicella (chickenpox)	/ /	/ /				/ /	/ /

TB SKIN TEST	Type	Date Given	Date Read	mm indur	Impression
	<input type="checkbox"/> PPD Mantoux <input type="checkbox"/> Other	/ /	/ /		<input type="checkbox"/> Positive <input type="checkbox"/> Negative
	<input type="checkbox"/> PPD Mantoux <input type="checkbox"/> Other	/ /	/ /		<input type="checkbox"/> Positive <input type="checkbox"/> Negative