

Dear Prospective Parents,

Thank you for expressing interest in sending your child(ren) to Midway Baptist Schools. The selection of a Christ-centered education is one of the most important decisions you can make for your family. We welcome the opportunity to partner with you to help establish a solid spiritual and academic foundation for your child(ren).

In an effort to help you become more familiar with our school, you may visit us online at www.midwaybaptistschools.com, or call the school office to schedule a campus tour. To begin the application process, please complete the following packet. Applications will be processed in the order they are received and limited space is available. A final decision for admission is made upon the completion of all application materials, assessment results, and a personal interview.

Let me encourage you to take a moment right now to pray and seek God's guidance as you make this very important decision. We look forward to partnering with you to impact your child's scholastic and spiritual future. If you have any questions, please contact our school office at (619) 424-7875.

In His Service,

Stephen R. Johnson
Principal

KINDERGARTEN APPLICATION PROCESS

Note: New student registration begins March 15th. Appointments for testing, tours, and interviews begin in the month of March.

Please follow these steps for admission into our school:

1. Ask the Lord for you wisdom to know whether or not MBS is a good choice for your family.
2. Read our "MBS Handbook" and "Statement of Parental Cooperation", which are both available online and in our school office.
3. Complete and return the required documents:
 - Application for Admission
 - Official birth certificate
 - Original immunization card (Please provide actual card.)
 - Copy of IEP, if applicable
4. Call our school office to schedule an assessment test. (We will contact you with your child's results.)
5. We will schedule an interview upon receipt of your completed application and assessment.
6. Meet with the registrar to complete all necessary forms and pay the registration fee.
7. Take your child to your physician for a physical.
8. Return the completed green physical form and updated shot record to the school office.

***Please note: Until items 3-6 have been completed, your child is not registered, and we will be unable to reserve a space for him/her. Items 7-8 must be completed before your Kindergartener starts school.**



STUDENT INFORMATION

Student: _____ Grade for 2010-2011 School Year _____

Name Student Goes By: _____ Enrollment Date: _____

U.S. Address: (School correspondence will go to this address.)

_____ Street _____ City _____ Zip _____

International Address: (For I-20 processing, school correspondence **will not** go to this address.)

_____ Street _____ City _____ Country _____

Home Phone: _____ Student Cell Phone: (_____) _____

Gender: _____ Age: _____ Birth date: _____

With whom does the student live? _____ Language spoken at home*: _____

Birthplace*: _____ Country of Citizenship*: _____

Ethnicity*: (check one) White/Not Hispanic Hispanic Black Other (specify below)

Religious Affiliation*: _____

What church do you currently attend*? _____

**Note: Ethnicity is for statistical purposes only. MBS admits students of any race, color, and national or ethnic origin. MBS admits students of varied faiths. However, by enrolling your child in our school, you are agreeing that your child will respect Christian teaching and preaching without disruption in unity, harmony, and love.*

PRIMARY FAMILY INFORMATION

Parent/Guardian #1: _____ Relationship _____

Title: Mr. Mrs. Miss Ms. Dr. Rev.

Employer: _____ Work #: _____ Cell #: _____

E-mail: _____

Parent/Guardian #2: _____ Relationship _____

Title: Mr. Mrs. Miss Ms. Dr. Rev.

Employer: _____ Work #: _____ Cell #: _____

E-mail: _____

Main Family E-mail: _____

Student E-mail: _____

Additional Phone Number and Address of Parent/Guardian Not Living With Child:



Note: If the student does not reside with both parents listed on student's birth certificate, the parent or legal guardian must provide documentation of custody by an appropriate state agency. School correspondence will not go to this address, unless otherwise specified.

Name: _____ Relationship: _____ Phone: _____

Address: _____
Street City Zip

EMERGENCY CONTACT INFORMATION

Please list responsible adult(s) to contact if parent cannot be reached, who are authorized to pick up your child:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

STUDENT DRIVER INFORMATION

*Note: This information is required **only** if students are driving on the MBS campus (Grades 10-12). Please provide copy of student's drivers' license and proof of insurance.*

Driver License #: _____ Driver License State: _____ Expiration Date: _____

Vehicle Make: _____ Vehicle Model: _____ Vehicle Year: _____

Insurance Provider: _____ Policy #: _____ Phone: _____

MEDICAL INFORMATION

Note: Please provide proof of health insurance at the time of registration.

Physician: _____ Phone: _____

Medical Plan and Number: _____

Dentist: _____ Phone: _____

Please list any medical conditions (allergies, medications, etc.) _____

CONSENT FOR MEDICAL TREATMENT

It is the responsibility of all MBS families to provide healthcare for their children enrolled in Midway Baptist Schools. As the parent or legal guardian, I hereby give consent to Midway Baptist Schools to transport my child by ambulance and to provide all emergency dental or medical care prescribed by a duly licensed physician (M.D.) or dentist (D.D.S.) for (student's name) _____. This care may be given under whatever conditions are necessary to preserve life, limb, or well-being of my dependent. Any medical expenses incurred are at the expense of the parent or his health care provider.

Parent Signature: _____ Date: _____