BURNS MILITARY CHRISTIAN ACADEMY
Middle & High School New Student Application
(Grades 6-12)

Student's Name: _____ Parent's Phone: _____

Street Address: _____ School Year: _____

City, State, Zip: _____ Applying for Grade: _____

Sex: (**M) or (F)** Age: _____ Date of Birth: _____ Email: _____

Parents/Legal Guardians: _____
*I would like to volunteer my services at BMCA as a mentor or within my profession/vocation: **(Y) or (N)***

Siblings (ages): _____

Does your family regularly attend church? **(Y) or (N)**

Does the student attend church regularly? **(Y) or (N)**

Church: _____

Pastor: _____

Has the student been expelled, dropped, or suspended by any school? **(Y) or (N)**
Has the student ever used tobacco, alcoholic beverage, narcotics, or other drugs? **(Y) or (N)**
Has the student ever had a police record? **(Y) or (N)**
Has the student ever been detained by a parole officer or under custody of juvenile court? **(Y) or (N)**
If **YES** to any of the previous four questions, please explain on the back of your application.

List any physical limitations or allergies of which we should be aware:

_____

_____

_____

Does this student take any prescription medication regularly? **(Y) or (N)**
If so, give type of medication, frequency of doses, and condition requiring medication:

_____

_____

_____

Has this student been hospitalized within the past year? **(Y) or (N)**
If so, please give the date and reason.

_____

_____

Has this student ever been treated for any nervous, mental or emotional disorder? **(Y) or (N)**
If yes, please give the date and name of the doctor or facility providing care.

_____

Please give reason(s) why you would like to be a student at BMCA: (Student) Please give a brief
testimony of God's saving work in your life. _____

_____

_____

BMCA sometimes use pictures or recordings of students during class field trips, class time, or sporting
events etc. when promoting the school in brochures, advertisement, and on social media. I grant
Burns Military Christian Academy my permission to use pictures of my child as described. **(Y) or (N)**

I affirm that the information provided in this application is true and correct.

_____   _____   _____

Printed Name   Parent's Signature   Date

_____   _____   _____

Printed Name   Student's Signature   Date

_____

Office Use Only   Initials   Do Not Write In This Space

                                                                                  Date

Interview with Administration   _____   ____/____/____

Slosson Test   _____   ____/ ____/ ____

Reading score _____   Abilities score _____

Records requested ____/____/____

Administrator's Signature _____   (Not Accepted) / Accepted

Comments: _____