



BURNS MILITARY CHRISTIAN ACADEMY
Elementary School New Student Application
(Grades K-5)

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: _____

Previous school: _____

Has the student repeated a grade? **(Y)** or **(N)** Has the student attended BMCA previously? **(Y)** or **(N)**

Does the student have an IEP or 504 plan? **(Y)** or **(N)** If so, please briefly give the learning challenge being addressed and type of accommodation. _____

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:



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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 your child to be a student at BMCA: _____

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 _____

Office Use Only	Initials	Do Not Write In This Space
Interview with Administration _____		Date ____/____/____
Slosson Test _____		____/____/____
Reading score _____	Abilities score _____	
Records requested _____/____/____		

Administrator's Signature _____ (Not Accepted) Accepted

Comments: _____