

MASON COUNTY CHRISTIAN SCHOOL

470 E Eagle Ridge Drive
Shelton, Washington 98584
TEL: (360) 426-7616 FAX: (360) 426-6582
masoncountychristianschool.org

Mr. Jim Snyder
Superintendent

PARENT APPLICATION FORM

Name (Father) : _____

Name (Mother): _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Marital Status: Married [] Widow(er) [] Separated [] Divorced []

CHILDREN APPLYING TO MCCS:

Name _____ Grade _____ Birth date _____

Name _____ Grade _____ Birth date _____

Name _____ Grade _____ Birth date _____

OTHERS LIVING IN THE HOME:

NAME(S)

AGE

RELATIONSHIP TO STUDENT

SCHOOL INFORMATION:

1. Why do you wish to enroll your child(ren) at MCCS? _____

2. What school(s) did your child(ren) last attend? _____

3. Please comment on the progress your child(ren) are making in the school they are now attending. _____

4. Are there any special needs (problems) your children have in school (academic, emotional, behavioral?) _____

HOME INFORMATION:

5. Are there any unusual factors in your children's life and/or home situation? _____

6. What forms of discipline do you use at home? _____

7. What do you see as your part in your children's education? _____

8. Regular attendance (three or more times per month) at a Christian church is a requirement for application to MCCS. Church Name: _____

9. **Father and Mother:** Please comment on the topic of Salvation. (Define the term and then personalize it as best you can.)

FATHER:

MOTHER:

10. Explain how your faith affects your family: _____
