



**Mount Zion**  
CHRISTIAN SCHOOLS

132 Titus Avenue  
Manchester, NH 03103  
(603) 606-7930 - Phone  
(603) 606-7935 - Fax  
www.MountZionNH.org

### ***Mission Statement***

*Mount Zion Christian Schools provide an academically challenging, Christ-centered community that equips students with a Christian worldview grounded in the scriptures to achieve excellence in God's unique purpose for them.*

### **For Office Use Only**

Date Received \_\_\_\_\_  
App. Fee Rec'd \_\_\_\_\_  
Amt. \$ \_\_\_\_\_ Method \_\_\_\_\_  
Ck # \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## **Student Application**

(Grades 2- 12)

STUDENT NAME \_\_\_\_\_ NICKNAME \_\_\_\_\_  
First Middle Last (to be used at school by peers & teachers)

ADDRESS \_\_\_\_\_  
Street/Apt. # / P.O. Box / Route #

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Home Telephone \_\_\_\_\_ ☐ Listed ☐ Unlisted Is your child a U.S. citizen? ☐ Yes ☐ No

If no, give I-95, Passport or Immigration Number \_\_\_\_\_ and Date of Entry \_\_\_\_\_

Date of Birth \_\_\_\_\_ ☐ Male ☐ Female Place of Birth \_\_\_\_\_

Current GRADE \_\_\_\_\_ Applying for GRADE \_\_\_\_\_ for the academic Year 20\_\_\_\_ - 20\_\_\_\_

**Please list all schools the applicant previously attended starting with the most recent:**

Name of School	City/State	Phone Number	Grade(s) Attended

**FAMILY INFORMATION:**

With whom does the applicant reside? \_\_\_\_\_

Are there special child custody provisions? ☐ Yes ☐ No If yes, please provide documentation.

**Father/Male Guardian:**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

# & Street/P.O. Box/Route #

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Church Now Attending: \_\_\_\_\_ Pastor: \_\_\_\_\_

Church Attendance: ☐ Regular ☐ Sporadic ☐ Seldom Pastor's phone: \_\_\_\_\_

Marital Status: ☐ Spouse Living at Home ☐ Separated ☐ Divorced ☐ Spouse Deceased

**Mother/Female Guardian:**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

# & Street/P.O. Box/Route #

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Church Now Attending: \_\_\_\_\_ Pastor: \_\_\_\_\_

Church Attendance: ☐ Regular ☐ Sporadic ☐ Seldom Pastor's phone: \_\_\_\_\_

Marital Status: ☐ Spouse Living at Home ☐ Separated ☐ Divorced ☐ Spouse Deceased

**List names and ages of siblings of the applicant:**

Sibling's Name	Age
1.	
2.	
3.	
4.	

**FINANCIAL:**

Financial obligation for tuition & fees goes to: ☐ Father Only    ☐ Both Parents    ☐ Mother Only

Are you interested in applying for financial assistance? ☐ Yes ☐ No

If someone other than the parent/guardian listed above is responsible for the financial obligations while this student is enrolled at Mount Zion, please complete the following information:

Name(s) \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**EDUCATION & HISTORY:**

Has the applicant ever been involved in a serious infraction of school rules that caused him or her to be suspended, withdrawn, or expelled from the school? ☐ Yes    ☐ No    If yes, list the...

**Offense and Date**

**Consequence**

Has the applicant had any history of excessive tardies or absences from school? ☐ Yes    ☐ No

If yes, explain: \_\_\_\_\_

Has the applicant ever received public or private services for an identified learning disability?

☐ Yes    ☐ No

If yes, explain: \_\_\_\_\_

Are there any medical diagnoses that could impact his or her success in a classroom environment?

☐ Yes    ☐ No

If yes, explain: \_\_\_\_\_

Has the applicant ever been arrested? ☐ Yes    ☐ No

If yes, explain: \_\_\_\_\_

Does the applicant have any history of health problems (physical or emotional)? ☐ Yes    ☐ No

If yes, explain: \_\_\_\_\_

Is the applicant on medication? ☐ Yes    ☐ No    If yes, type(s) \_\_\_\_\_

If yes, what is the intended result(s) of the medication(s)? \_\_\_\_\_

Does the applicant have any type of learning disability, difficulty or limitations? ☐ Yes ☐ No

If Yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Does the applicant have any type of learning modification or individual education plan (IEP) – past or present? ☐ Yes ☐ No

If Yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Has any form of academic/executive functioning testing been done for the applicant in past years? If yes, what have been the results of the two most recent tests (include actual copies if possible):

Type \_\_\_\_\_ Date \_\_\_\_\_ Results \_\_\_\_\_

Type \_\_\_\_\_ Date \_\_\_\_\_ Results \_\_\_\_\_

Is the applicant currently involved in any special programs or receiving any special services from your school or from a private source? \_\_\_\_\_

- ☐ Occupational Therapy ☐ Speech Therapy ☐ Reading Recovery ☐ Physical Therapy  
☐ Special Education ☐ Gifted Education/Enrichment  
☐ Other \_\_\_\_\_

*If so, please provide documentation of testing, which was done to qualify the applicant.*

### **PARENT INFORMATION:**

Parents, please write a paragraph or two to describe why you would like your son/daughter to attend Mount Zion Christian Schools:

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How did you hear about Mount Zion Christian Schools? \_\_\_\_\_

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I understand it is my responsibility to ensure that all the appropriate recommendation forms, as listed below, are delivered to the appropriate individuals and that they have been completed and returned to Mount Zion Christian School in a timely manner.

I have completed this student application truthfully, to the best of my knowledge and give permission for Mount Zion Christian Schools' administration to call past and current teachers, tutors, administrators and/or pastors. I also certify that I have read the enclosed materials along with this application.

\_\_\_\_\_  
 Father/Guardian Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Mother/Guardian Signature

\_\_\_\_\_  
 Date

**Please list to whom you will be sending reference forms (grades 7 – 12 only).**

Reference Forms required:	Name(s):	Telephone #:
Pastor or Youth Leader		
Academic Reference (teacher, principal, guidance counselor)		

**Applicant/Student (Grades 4 -12 only)**      Student Name \_\_\_\_\_

(To be filled out by student)

Do you want to attend Mount Zion Christian Schools?   ☐ Yes    ☐ No

In your best handwriting, compose a well thought out paragraph explaining why you do (or do not) wish to attend Mount Zion Christian Schools. (you may use a separate piece of paper or the back of this form)

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Do you have a personal relationship with Jesus Christ? ☐ Yes ☐ No  
**If yes,** please write a paragraph below telling us about your relationship.

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**If not,** have you ever had the gospel explained to you? ☐ Yes ☐ No  
Are you willing to learn more about the Christian faith? ☐ Yes ☐ No