



APPLICATION FOR HOMESCHOOL SUPPLEMENT PROGRAM

Applicant's name: _____ Gender: M F Date: _____
(last) (first)

Address: _____ Home phone: _____ - _____ - _____

City: _____ State: _____ Zip code: _____

Date of birth: _____ Age _____ Grade entering: _____ Applicant's average grades have been: A's B's C's D's

Parents or legal guardian: _____
(last) (first)

Address (if different than student's): _____

Work phone: _____ - _____ - _____ Cell phone: _____ - _____ - _____ E-mail address : _____

Do you have Internet access at home or work that could be used to access grades? Yes No

Does the applicant take medication of any type or have any health concerns the school should be aware of? _____

Allergies: _____

Has the applicant made a profession of faith in Jesus Christ? Yes No Has father? Yes No Has mother? Yes No

Desired Course(s)

1. _____ Semester / Year-Long (circle one) 3. _____ Semester / Year-Long (circle one)

2. _____ Semester / Year-Long (circle one) 4. _____ Semester / Year-Long (circle one)

Submit an application fee of \$25 (Make check payable to MCA), along with this completed form to the Admission Office, Maranatha Christian Academy, 9201 75th Ave N, Brooklyn Park, MN 55428. Full payment will be required before the student begins attending MCA classes. If classes are full, the registration fee will be refunded.

Maranatha Christian Academy admits students of any race, color, gender, or national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, gender, or national and ethnic origin in administration of its educational policies, admission policies, scholarship programs, athletics, and other school-administered programs.

Declaration: I affirm all of the information contained in this application is true and accurate to the best of my knowledge. I understand providing false information could be reason for rejection of this application or dismissal from school.

Signature of Parent or Legal Guardian: _____ Date: _____

If you have any questions, please contact us at 763- 488-7900