



# APPLICATION

10850 Old St. Augustine Road  
Jacksonville, FL 32257  
(904) 268-8667 Fax (904) 482-0334  
Website [www.mandarinchristianschool.com](http://www.mandarinchristianschool.com)

Attach  
Family  
Photograph

Applying for Grade (circle one) Jr. K K 1 2 3 4 5 6 7 8 9 10 11 12 School Year \_\_\_\_/\_\_\_\_

Student's Full Name \_\_\_\_\_

(Last) (First) (Middle)  
Name to be called in school: \_\_\_\_\_ Age \_\_\_\_\_ Date of birth: \_\_\_\_\_

Male  Female Ethnicity: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
(for statistical purposes only)

Home Address \_\_\_\_\_ Zip \_\_\_\_\_  
Street City State

Home Phone (\_\_\_\_) \_\_\_\_\_ Student lives with:  both parents  Mother  Father  Other \_\_\_\_\_

School last attended: \_\_\_\_\_

Address of above school: \_\_\_\_\_ Zip \_\_\_\_\_  
Street City State

Grade: \_\_\_\_\_ Teacher's name: \_\_\_\_\_

Father's name: (Mr.)(Dr.): \_\_\_\_\_

Address: (if different) \_\_\_\_\_ Zip \_\_\_\_\_  
Street City State

Business Name: \_\_\_\_\_ Business phone (\_\_\_\_) \_\_\_\_\_

Title/Occupation: \_\_\_\_\_

Business address: \_\_\_\_\_ Zip \_\_\_\_\_  
Street City State

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email address: \_\_\_\_\_

Mother's name: (Mrs.)(Ms.)(Dr.) \_\_\_\_\_

Address: (if different) \_\_\_\_\_ Zip \_\_\_\_\_  
Street City State

Business Name: \_\_\_\_\_ Business phone (\_\_\_\_) \_\_\_\_\_

Title/Occupation: \_\_\_\_\_

Business address: \_\_\_\_\_ Zip \_\_\_\_\_  
Street City State

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email address: \_\_\_\_\_

Brothers: (ages) \_\_\_\_\_ Sisters: (ages) \_\_\_\_\_

(continued on other side)

Does your child have any learning difficulties or physical disabilities, which would limit him or her from participating in any activity of the school?  Yes  No

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

Has your child ever been retained?  Yes  No If yes, what grade? \_\_\_\_\_

Does your child have any special needs physically, academically, socially, or spiritually?  
\_\_\_\_\_

Does the applicant have a diagnosed learning disability, A.D.D., or A.D.H.D? If so, please describe.  
\_\_\_\_\_

Does your child take any prescribed medication? If yes, what kind?  
\_\_\_\_\_

Has your child ever been enrolled in any special program?  Yes  No If yes, name of program and school?  
\_\_\_\_\_

Church Affiliation: Do you attend church?  Yes  No

If yes, Church home: \_\_\_\_\_ Church denomination: \_\_\_\_\_

Will you be taking advantage of the Extended Care Program?  Yes  No

How did you learn about Mandarin Christian School? \_\_\_\_\_

Person financially responsible for all fees: \_\_\_\_\_

Media Consent:  
I grant my permission to Mandarin Christian School and its staff to photograph, videotape me/my child(ren) and copyright, use and/or publish the photographs, videos and audiotapes in school publications and public relations material, including the web site.  Yes  No

Please sign below and return this application with a non-refundable \$150.00 application fee. (This fee includes the evaluation process.)

***COMPLETION OF APPLICATION DOES NOT GUARANTEE ENROLLMENT ACCEPTANCE,  
BUT PROVIDES INFORMATION UPON WHICH A FINAL DECISION WILL BE BASED.***

I understand that any false information on this application could be sufficient cause to be denied enrollment or to be dismissed from Mandarin Christian School once attending.

SIGNATURE/S OF PARENT/GUARDIAN: \_\_\_\_\_

DATE: \_\_\_\_\_

Your signature authorizes Mandarin Christian School to request academic records and information on your child. Parent agrees to not seek access to confidential recommendations and evaluation materials before or after the admission decision is made.

***MANDARIN CHRISTIAN SCHOOL WELCOMES STUDENTS OF ALL RACES, COLOR, OR  
ETHNIC ORIGIN TO APPLY FOR ADMISSION.***