

## 2014-2015 New Student Application Procedures Kindergarten-Grade 12



If you should have any questions, please call the Office of Admission at 770.578.0182, extension 2046.

### ADMISSION PROCEDURES

To be considered as a prospective student at MPCS, the applicant should:

- Submit the completed application and supporting documents from the online link at [www.mtparanschool.com/applications](http://www.mtparanschool.com/applications). A non-refundable, non-transferable application fee of \$75 will be charged at the time that the online application is submitted. The application will not be processed until this fee is received.
- Submit a current picture of the applicant. Either a hard copy may be submitted or you may email a digital picture to [SBrooks@mtparanschool.com](mailto:SBrooks@mtparanschool.com).
- Provide the school with an **original** birth certificate for review; a copy will be placed on file, and the original will be returned.
- Complete the top portion, sign, and distribute the teacher recommendation forms. Students entering middle school and high school will distribute one form to the language arts teacher and one to the math teacher. Recommendations should come **directly** from the current school or teacher(s). Completed recommendation forms that are delivered by parents may be ineligible.
- Complete the top portion, sign, and distribute the pastoral staff recommendation form. A pastor on staff should complete the form and return it **directly** to the Office of Admission. The children's pastor or youth pastor is preferred.
- Complete and sign the Records Release form. Submit the top portion of the Records Release form to the Office of Admission.
- Submit the bottom portion of the Records Release form to the applicant's current/former school, if applicable. *The applicant is to request all former school records, including report cards and standardized testing from the past three years, as well as a disciplinary report to be sent to MPCS.*
- Provide custody papers, in cases of divorce, to accompany the application. Notification of official acceptance will not be given without official papers on file to document the current custodial agreement.
- Provide the school with a current Georgia immunization form #3231. This is required before registration will be final.
- Provide a copy of the applicant's social security card, only if entering ninth-twelfth grades, upon acceptance.
- Provide a copy of the class schedule in which the applicant is currently enrolled or proposed schedule, if available, for students entering ninth-twelfth grades.
- Provide a current hearing and vision test report form #3300, obtained from a pediatrician, if entering kindergarten or first grade.
- After a preliminary review of the application, qualified applicants may be contacted by the Office of Admission for a family interview and/or assessment.

*It is the responsibility of the applicant to make certain that all materials are completed and returned to the Office of Admission.*

*The submission of a completed application to the Admission Office does not imply that a binding contractual agreement has been made. The submission of an application does not guarantee acceptance, nor does it guarantee that space is available. Students must re-apply each year. The admission committee will re-evaluate candidates each year. The decision of the admission committee will be communicated through written notification.*

### ADMISSION CRITERIA

1. A composite standardized test score of 65<sup>th</sup> percentile or above is expected.
2. A minimum 2.5 academic GPA for all students is expected.
3. The Admission Committee will review recommendations from academic teacher(s) from the applicant's current school.
4. The Admission Committee will review student behavioral/conduct records.
5. The Admission Committee will review qualified applicants/parent(s) in an interview and/or assessment.
6. The Admission Committee will review the recommendation from the applicant's pastor, youth pastor, or children's pastor.
7. The applicant and his/her family must express a belief of biblical teachings, and a willingness to follow them, as well as student and parent(s) affirmation of faith. Parents and students must read and agree to support the Statement of Faith, commit to uphold *Christian* principles in their daily lives, and actively participate in a local church body.

### ADMISSION DECISIONS

- Mount Paran Christian School may deny acceptance to an applicant with non-disclosure of reasons.
- MPCS reserves the right to deny acceptance or terminate or suspend enrollment of students at the school's discretion.
- If additional information is needed, MPCS may require an educational evaluation to determine placement and/or admission.
- Mount Paran Christian School reserves the right to determine the placement of an applicant into a grade level and/or classes and subjects deemed most appropriate for his/her school experience.
- As a covenant Christian school, MPCS reserves the right to determine whether Mount Paran Christian School is an appropriate placement for the applicant and/or the family.

### MISSION STATEMENT

Providing academic excellence in a Christ-centered environment, Mount Paran Christian School unites with home and church to prepare servant-leaders to honor God, love others, and walk in Truth.

# Records Release



**Parent: Submit the completed top portion of this form to Mount Paran Christian School.**

This release gives Mount Paran Christian School permission to request and receive pertinent information regarding the applicant from his/her former school, teacher, doctor, or other specialist(s). All information received is considered confidential. This form will be maintained in the applicant's file.

Applicant's Full Name: \_\_\_\_\_  
Last First Middle

Current Grade Level: \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

I authorize Mount Paran Christian School to obtain information from the administration, admission, guidance, teachers and/or doctors or other professionals of the following schools/organizations for the purpose of educational planning. I release all liability and all claims pertaining to the disclosure of this information:

◆ Current/Last school most recently attended:

◆ Other school which may have school records (within past 3 years) or

◆ Doctor/Educational Consultant/Specialist

(i.e. gifted, special needs, occupational or speech therapy, etc.):

(Name) \_\_\_\_\_

(Name) \_\_\_\_\_

(Address) \_\_\_\_\_

(Address) \_\_\_\_\_

(Phone) \_\_\_\_\_

(Phone) \_\_\_\_\_

(FAX) \_\_\_\_\_

(FAX) \_\_\_\_\_

I hereby authorize and request the release of **ALL** educational, disciplinary, medical, social, and/or psychological information regarding this applicant. All information will become the confidential property of Mount Paran Christian School and is not subject to applicant or parental review.

Signature of Parent/ Guardian \_\_\_\_\_ Date \_\_\_\_\_

Should the student be accepted, nondisclosure of information related to previous behavior disorders, educational, emotional, or substance abuse history would be grounds for immediate dismissal from Mount Paran Christian School.

*Non-discriminatory admission policy: Mount Paran Christian School does not discriminate on the basis of race, color, gender, national or ethnic origin in the administration of its admission, academic, athletic, and employment policies.*

**Parent: Deliver the bottom portion of this form to the applicant's current/former school most recently attended.**

## AUTHORIZATION AND PERMISSION TO RELEASE INFORMATION

Applicant's Full Name: \_\_\_\_\_  
Last First Middle

Current Grade Level: \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Current/Former School/Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

FAX: \_\_\_\_\_

I hereby authorize and request the release of **ALL** educational, disciplinary, medical, social, and/or psychological information regarding the applicant and release the above from all liability and all claims pertaining to the disclosure of this information:

Signature of Parent/ Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Registrar: Send the following to the Office of Admission at Mount Paran Christian School:**

- ◆ ALL disciplinary records
- ◆ Transcripts for the current and past three years
- ◆ Standardized testing for the current and past three years
- ◆ Attendance records

# Pastor Recommendation

Sixth Grade - Twelfth Grade  
2014-2015



As a covenant Christian school, Mount Paran expects each of its participating families to share a commitment to the Christian faith and involvement in the ministry of a local church, regardless of denominational affiliation. The Mount Paran Christian School community is unapologetic about its commitment to a Christ-centered education and seeks to integrate that faith in all aspects of school life.

Parents: Please complete items (1)-(7); then give this form to either the senior pastor or youth pastor on staff at the church that you regularly attend.

(1) Student's Name \_\_\_\_\_

(2) Applying to grade \_\_\_\_\_ for the 2014-2015 school year.

(3) Parent email \_\_\_\_\_

*I understand that this recommendation form is confidential. I hereby waive any rights I may have to review or discuss this recommendation. This form is invalid if not signed by the parent.*

(4) Signature of Parent (required) \_\_\_\_\_ (5) Date \_\_\_\_\_

(6) Name of Church \_\_\_\_\_

(7) Church Address \_\_\_\_\_

Pastor: The student listed above is applying for admission to Mount Paran Christian School. Please complete this form and **return it directly to Mount Paran Christian School: Office of Admission. Your candid evaluation is an invaluable resource to our admission committee. Your comments will be held in strict confidence.** Thank you for your time and input. If you have any questions, please call Shaunda Brooks in the Office of Admission at 770.578.0182, extension 2046 or email [sbrooks@mtparanschool.com](mailto:sbrooks@mtparanschool.com).

Pastor's Name \_\_\_\_\_ Title \_\_\_\_\_

Phone number \_\_\_\_\_ Email (in case of question) \_\_\_\_\_

Are you a Pastor on staff at the church this applicant regularly attends? How long have you known this applicant?

\_\_\_\_\_

Family attends:  At least two times a week  Three to four Sundays a month  Once a month  Less than once a month

As far as you know, has this student accepted Jesus Christ as his/her personal savior?

\_\_\_\_\_

Please comment on the involvement of the applicant and his or her family in specific activities or ministries:

\_\_\_\_\_

\_\_\_\_\_

*Based on your observation of the applicant, please rank by marking an X in the appropriate column. Please use the back of this page or attach a separate page to add any additional comments.*

	Excellent	Above Average	Average	Below Average	Concerns
Church involvement					
Spiritual understanding					
Emotional stability					
Leadership ability					
Peer compatibility					
Integrity					
Dependability					
Conduct					
Judgment					

Please mail to: **Director of Admission** ♦ Mount Paran Christian School ♦ 1275 Stanley Road ♦ Kennesaw ♦ GA ♦ 30152 ♦ **or FAX: 770.977.9284**



Instructions to Parents: Please complete items (1)-(9); then give this form to the language arts teacher who has taught the applicant during the current school year. Students who are applying for the sixth grade may submit one form if the fifth grade teacher provides the instruction for both math and language arts.

(1) Student's Name \_\_\_\_\_ Name Called \_\_\_\_\_  
First Last

(2) Applying to grade \_\_\_\_\_ for the 2014-2015 school year

(3) Parent Email \_\_\_\_\_

*I understand that this recommendation form is confidential, and I hereby waive any rights I may have to review or discuss this recommendation. This form is invalid if not signed by the parent.*

(4) Signature of Parent (required) \_\_\_\_\_ (5) Date \_\_\_\_\_

(6) Name of Current School \_\_\_\_\_ (7) Current Grade \_\_\_\_\_

(8) School Address \_\_\_\_\_

(9) Name of Teacher to complete form: \_\_\_\_\_

Instructions to the Teacher: The student listed above is applying for admission to Mount Paran Christian School. Please complete both sides of this form and **return it directly to Mount Paran Christian School: Office of Admission. Your candid evaluation is an invaluable resource to our admission committee. Your comments will be held in strict confidence.** Thank you for your time and input. If you have any questions, please call the Office of Admission at 770.578.0182, extension 2046 or email **Shaunda Brooks** at [sbrooks@mtparanschool.com](mailto:sbrooks@mtparanschool.com)

Teacher's Name \_\_\_\_\_ Subject(s) Taught \_\_\_\_\_

Teacher's Email (in case of a question): \_\_\_\_\_

In what capacity and for how long have you known this applicant? \_\_\_\_\_

*Please indicate your rating by marking an X in the appropriate column. \*If improvement is needed please explain.*

	Excellent	Above Average	Average	Below Average	Improvement Needed*
Academic ability					
Application of academic ability					
Extracurricular involvement					
Study habits					
Initiative/self discipline					
Participation in class					
Creativity					
Emotional stability					
Leadership ability					
Peer compatibility					
Integrity					
Dependability					
Attitude toward school					
Conduct					
Judgment					
Reaction to criticism					
Intellectual curiosity					

Would this student be permitted to re-enroll in your school? If not, please explain.

\_\_\_\_\_

\_\_\_\_\_

**Language Arts Teacher:** Current language arts numeric average to date \_\_\_\_\_ Textbook Publisher \_\_\_\_\_

Please indicate by circling the recommended language arts placement for this applicant for the 2014-2015 school year:

Middle School: On-level / Advanced

High School: On-level / Honors / Advanced Placement

	Excellent	Above Average	Average	Below Average	Improvement Needed
Written expression					
Oral expression					
Reading ability					

What are your comments regarding the academic ability for this applicant to achieve success in a traditional classroom setting with approximately 20 students in the class?

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Has this applicant ever participated in either a gifted/advanced program or a program for special needs (i.e. programs for learning disabilities, behavior disorders, developmental delays, speech/language, etc.)? Please also identify if he/she has been or should be referred to such a program/service.

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Is this applicant's record with you a true indication of ability, or have outside circumstances influenced or perhaps interfered with academic achievements (i.e. illness, problems at home, or extra-curricular activity conflicts)?

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Please comment on the degree and type of parental involvement you have observed.

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Would you consider this applicant to have any discipline concerns? \_\_\_ Yes \_\_\_ No If yes, please explain.

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Does the student have current or past involvement in co-curricular activities? If yes, please describe.

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Has the applicant been recognized for outstanding academic, athletic, or artistic performance in the past or present year?

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Please provide any strengths or weaknesses not addressed in the previous questions.

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Please mail to: **Director of Admission** ♦ Mount Paran Christian School ♦ 1275 Stanley Road ♦ Kennesaw ♦ GA ♦ 30152 ♦ **or FAX: 770.977.9284**

# Teacher Recommendation

Sixth Grade – Twelfth Grade  
2014-2015



# Math Teacher Recommendation

**Instructions to Parents:** Please complete items (1)-(9); then give this form to the math teacher who has taught the applicant during the current school year. Students who are applying for the sixth grade may submit one form if the fifth grade teacher provides the instruction for both math and language arts.

(1) Student's Name \_\_\_\_\_ Name Called \_\_\_\_\_

First Last

(2) Applying to grade \_\_\_\_\_ for the 2014-2015 school year

(3) Parent Email \_\_\_\_\_

*I understand that this recommendation form is confidential, and I hereby waive any rights I may have to review or discuss this recommendation. This form is invalid if not signed by the parent.*

(4) Signature of Parent (required) \_\_\_\_\_ (5) Date \_\_\_\_\_

(6) Name of Current School \_\_\_\_\_ (7) Current Grade \_\_\_\_\_

(8) School Address \_\_\_\_\_

(9) Name of Teacher to complete form: \_\_\_\_\_

**Instructions to the Teacher:** The student listed above is applying for admission to Mount Paran Christian School. Please complete both sides of this form and **return it directly to Mount Paran Christian School: Office of Admission.** Your candid evaluation is an invaluable resource to our admission committee. Your comments will be held in strict confidence. Thank you for your time and input. If you have any questions, please call the Office of Admission at 770.578.0182, extension 2046 or email **Shaunda Brooks** at [sbrooks@mtparanschool.com](mailto:sbrooks@mtparanschool.com)

Teacher's Name \_\_\_\_\_ Subject(s) Taught \_\_\_\_\_

Teacher's Email (in case of a question): \_\_\_\_\_

In what capacity and for how long have you known this applicant? \_\_\_\_\_

*Please indicate your rating by marking an X in the appropriate column. \*If improvement is needed please explain.*

	Excellent	Above Average	Average	Below Average	Improvement Needed*
Academic ability					
Application of academic ability					
Extracurricular involvement					
Study habits					
Initiative/self discipline					
Participation in class					
Creativity					
Emotional stability					
Leadership ability					
Peer compatibility					
Integrity					
Dependability					
Attitude toward school					
Conduct					
Judgment					
Reaction to criticism					
Intellectual curiosity					

Would this student be permitted to re-enroll in your school? If not, please explain.

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**Math Teacher:** Current Math numeric average to date \_\_\_\_\_ Textbook Publisher \_\_\_\_\_

Please indicate by circling the recommended Math placement for this applicant for the 2014-2015 school year:

Middle School: On-level / Advanced

High School: On-level / Honors / Advanced Placement

	Excellent	Above Average	Average	Below Average	Improvement Needed
Quantitative skills					
Critical Thinking skills					

What are your comments regarding the academic ability for this applicant to achieve success in a traditional classroom setting with approximately 20 students in the class?

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Has this applicant ever participated in either a gifted/advanced program or a program for special needs (i.e. programs for learning disabilities, behavior disorders, developmental delays, speech/language, etc.)? Please also identify if he/she has been or should be referred to such a program/service.

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Is this applicant's record with you a true indication of ability, or have outside circumstances influenced or perhaps interfered with academic achievements (i.e. illness, problems at home, or extra-curricular activity conflicts)?

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Please comment on the degree and type of parental involvement you have observed.

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Would you consider this applicant to have any discipline concerns? \_\_\_ Yes \_\_\_ No If yes, please explain.

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Does the student have current or past involvement in co-curricular activities? If yes, please describe.

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Has the applicant been recognized for outstanding academic, athletic, or artistic performance in the past or present year?

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Please provide any strengths or weaknesses not addressed in the previous questions.

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