

2014-2015 New Student Application Procedures Preschool



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. 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.
- 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 if your child is in a current childcare/school program. Recommendations should come **directly** from the current school, daycare provider and/or home daycare provider. 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 is preferred.
- Complete and sign the Records Release form. Submit the top portion of the Records Release form to the Office of Admission. *If the applicant has not attended a program, please indicate "no prior program" on the records release form and submit 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 progress reports or report cards to be sent to MPCS.*
- In cases of divorce, custody papers are required 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.
- After a preliminary review of the application, qualified applicants may be contacted by the Office of Admission for a family interview, playgroup, 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. The Admission Committee will review recommendations from teacher(s) from the applicant's current school.
2. The Admission Committee will review student behavioral/conduct records.
3. The Admission Committee will review qualified applicants/parent(s) in an interview, playgroup and/or assessment.
4. The Admission Committee will review the recommendation from the applicant's pastor, youth pastor, or children's pastor.
5. 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
Preschool – Fifth 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, the youth pastor or the children’s 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 _____

of the family’s commitment and participation in your church. 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.

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

If you are aware of specific ministries or activities this family participates in, please list or comment:

Based on your observation of the parent(s), please indicate your rating by marking an X in the appropriate column:

| | Excellent | Above Average | Average | Below Average | Concerns | Unknown |
|----------------------------|-----------|---------------|---------|---------------|----------|---------|
| Church involvement | | | | | | |
| Spiritual understanding | | | | | | |
| Leadership / Participation | | | | | | |
| Dependability | | | | | | |

Based on your observation of the applicant, please indicate your rating by marking an X in the appropriate column:

| | Excellent | Above Average | Average | Below Average | Concerns | Unknown |
|--------------------|-----------|---------------|---------|---------------|----------|---------|
| Peer compatibility | | | | | | |
| Integrity | | | | | | |
| Conduct | | | | | | |

Please use the back of this page or attach a separate page to add any additional comments.

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

Teacher Recommendation
2014-2015



Entering:
Three-year-old Preschool
Four-year-old Preschool

Instructions to Parents: Please complete items (1)-(9); then give this form to one teacher who has taught the applicant during the current school year.

(1) Student's Name _____ Name Called _____
First Last

(2) Indicate the level to which your child is applying for the 2014-2015 school year: PK3 year old/PK4 year old

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.

(3) Parent email _____

(4) Signature of Parent (required) _____ (5) Date _____

(6) Name of Current School _____ (7) Current Grade _____/Enrolled # days per week _____

(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 the Admission Committee. Your comments will be held in strict confidence.** 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.

Teacher's Name (please print): _____

Teacher 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 needed is selected, please attach additional comments as necessary.*

| | Excellent | Above Average | Average | Below Average | Improvement Needed* |
|------------------------------------|-----------|---------------|---------|---------------|---------------------|
| Vocabulary appropriate for age | | | | | |
| Participation in class | | | | | |
| Fine motor coordination | | | | | |
| Gross motor development | | | | | |
| Ability to follow instructions | | | | | |
| Works well independently | | | | | |
| Exhibits self-control | | | | | |
| Maturity level appropriate for age | | | | | |
| Emotional stability | | | | | |
| Treats peers with respect | | | | | |
| Conduct/ behavior | | | | | |
| Intellectual curiosity | | | | | |
| Shows respect for authority | | | | | |
| Reaction to correction | | | | | |

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

Do you consider this child a follower or a leader in the classroom? Please explain.

What are your comments regarding the ability for this applicant to achieve success in a traditional classroom setting with a teacher, a paraprofessional, and approximately fifteen students?

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

Would you consider this applicant to have any discipline concerns or recurring behavior issues? ___ Yes ___ No
If yes, please explain in detail, give examples of concerns.

Describe the type of classroom environment in which this child would perform at his/her best?

Is there anything a classroom teacher would need to know regarding the best instructional environment or placement for this child that has not already been stated?

| | YES | NO |
|--|-----|----|
| Is the child toilet-trained (consistently without accidents)? | | |
| Can the child cut with scissors? | | |
| Does the child identify the basic colors by name? | | |
| Does the child identify the basic shapes by name? | | |
| Does the child draw the basic shapes on his/her own? | | |
| Can the child recite the alphabet? | | |
| Does the child clean up after himself/herself? | | |
| Does the child willingly share with others? | | |
| Does the child sit in "circle time" and listen attentively? | | |
| Does the child listen to a story without interrupting? | | |
| Does the child transition well to different activities during the day? | | |
| Does this child exhibit separation anxiety? | | |
| Is the child easily angered? | | |
| Does the child frequently interrupt other children's activities? | | |
| Is the child easily distracted? | | |
| Has this child ever displayed aggressive behavior? | | |
| Does this child demand more than his/her fair share of attention? | | |
| What number can the child count to independently? _____ | | |
| How many students are in the applicant's current classroom? _____ | | |

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