



# MARANATHA

CHRISTIAN ACADEMY

## Student Application

3516 W Powell Ln  
Mattoon, IL 61938  
217-759-3020  
[mcamattoon.com](http://mcamattoon.com)

## A Letter from our Pastor :

Dear Parent,

We are so excited that you are considering Maranatha Christian Academy for your students' education. We dedicate ourselves, each and every day, to this task. Our desire is to prepare your student to function in our culture and society.

We here at MCA believe the statement from Proverbs, "The fear of the LORD is the beginning of wisdom," is crucial when executing a high level of education. Therefore, we believe that our instruction and teaching must always have Christ and the Scriptures at the heart of the educating.

When your student graduates MCA, they will have learned essential skills such as reading, writing, and arithmetic and they will have learned how to think for themselves; how to formulate their own opinions on things, based on the facts presented; how to look at a situation and determine the best course of action; how to prioritize and execute when given multiple tasks; how to look at a problem and see a solution. Most of all, we want them to know that living the Christian life is experiencing the best life possible.

Thank you for your consideration. We hope to see your student next semester.

Sincerely,

Daniel S. Haifley, Th.D., D.D., H.D.

*Senior Pastor of Maranatha Baptist Church*

## Parent/Guardian Information:

<b>Father/Parent Guardian:</b>			
<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Cell:</b>		<b>Email:</b>	
<b>Place of employment:</b>		<b>Work phone:</b>	

<b>Mother/Parent Guardian:</b>			
<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Cell:</b>		<b>Email:</b>	
<b>Place of employment:</b>		<b>Work phone:</b>	

<b>Parent's marital status (circle one):</b>  <i>Married   Single   Divorced   Separated   Widowed</i>	<b>Custody Notes (Sole or Joint):</b>
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## Student(s) Information:

<b>First child's name:</b>	<b>Birthdate:</b>	<b>Age:</b>	<b>Gender (M or F):</b>	<b>Grade entering:</b>
<b>Doctor:</b>		<b>Phone:</b>		
<b>Please list allergies, other medical notes, and if your child has been diagnosed with dyslexia, ADD or ADHD:</b>				

## Student Information:

<b>Current school attending:</b>			
<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Phone:</b>			
<b>List grades attended:</b>			

Please list any other schools your student has attended.

<b>School name:</b>	<b>Phone:</b>
<b>List grades attended:</b>	
<b>School name:</b>	<b>Phone:</b>
<b>List grades attended:</b>	
<b>School name:</b>	<b>Phone:</b>
<b>List grades attended:</b>	
<b>School name:</b>	<b>Phone:</b>
<b>List grades attended:</b>	

## Student Information:

<b>Has your student ever skipped a grade?</b>	<b>(Yes or No)</b>
<i>If yes, what grade:</i>	
<b>Has your student ever repeated a grade?</b>	<b>(Yes or No)</b>
<i>If yes, what grade:</i>	
<b>Has your student ever been recommended or participated in a gifted or special education program?</b>	<b>(Yes or No)</b>
<i>If yes, please briefly explain the program:</i>	
<b>Has your student ever received special help or tutoring?</b>	<b>(Yes or No)</b>
<i>If yes, please indicate the grade(s), subject(s), and circumstances:</i>	
<b>Has your student ever been diagnosed with ADD or ADHD?</b>	<b>(Yes or No)</b>
<b>Has your student ever been diagnosed or shown signs of dyslexia?</b>	<b>(Yes or No)</b>
<b>Does your student have any allergies?</b>	<b>(Yes or No)</b>
<i>If yes, please list:</i>	
<b>Does your student regularly require medication?</b>	<b>(Yes or No)</b>
<i>If yes, please explain:</i>	

## Student Information:

<b>Has your student ever seen a counselor or doctor for any type of behavioral or mental problems?</b>	<b>(Yes or No)</b>
<i>If yes, please explain:</i>	
<b>Does your student have any record of school disciplinary problems?</b>	<b>(Yes or No)</b>
<i>If yes, please explain:</i>	
<b>Has your child ever been dismissed or suspended from any school?</b>	<b>(Yes or No)</b>
<i>If yes, please describe the nature of the situation:</i>	
<b>Has your child ever been involved in any legal problems or been arrested?</b>	<b>(Yes or No)</b>
<i>If yes, please explain:</i>	

## Family Information:

Please check the boxes that apply.

### Student lives with:

<i>Both Parents</i>	<i>Mother</i>	<i>Father</i>
<i>Stepmother</i>	<i>Stepfather</i>	<i>Legal guardian</i>

<i>Parents married</i>	<i>Father deceased</i>	<i>Mother deceased</i>
<i>Parents divorced</i>		
<i>Parents separated</i>	<i>Father has custody</i>	<i>Mother has custody</i>

*If the parents are divorced or separated, to whom should admission correspondence be sent?*

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*Please list the names of other children in the family:*

<i>Name:</i>	<i>Age:</i>	<i>School</i>
<i>Name:</i>	<i>Age:</i>	<i>School</i>
<i>Name:</i>	<i>Age:</i>	<i>School</i>

## Church Information:

<i>Name of Church (if not MBC):</i>	
<i>Are you members of this church?</i>	<i>(Yes or No)</i>
<i>Do both parents attend regularly?</i>	<i>(Yes or No)</i>
<i>Name of Church student attends (if different from parents):</i>	

## References:

A Pastor, elder, or other church leader to whom your family is known:

<b>Name:</b>	<b>Phone:</b>
<b>Church:</b>	
<b>Student's former teacher:</b>	<b>Phone:</b>
<b>School:</b>	

## Final Information:

***Why do you desire to have your student attend Maranatha Christian Academy?***

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<b>Parent/Guardian signature:</b>	<b>Date:</b>
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