



Metro Christian Academy

Pre-Admission Questionnaire

Non-Discrimination Statement

Metro Christian Academy admits students of any race, color, national or 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, national or ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

Metro Christian Academy is operated by the Tulsa Christian Education Corporation

6363 South Trenton Avenue ♦ Tulsa, OK 74136-0722 ♦ 918-745-9868 ♦ www.metroca.com

Metro Christian Academy Pre-Admission Questionnaire

First Name (please print) Middle Name Last Name (_____)
Preferred Name/Goes By

Home Address City State Zip Code

Home Telephone Date of Birth Age Male Female

Grade applying for: 12 11 10 9 8 7 6
 5 4 3 2 1 K-5 K-4

Current Grade _____ Current School _____ Grade Point Average _____

Full Name of Father/Guardian _____	Occupation _____
Home Address _____ (if different from above)	City/State _____ Zip Code _____
Home Telephone _____	Cellular Telephone _____ Email Address _____
Full Name of Mother/Guardian _____	Occupation _____
Home Address _____ (if different from above)	City/State _____ Zip Code _____
Home Telephone _____	Cellular Telephone _____ Email Address _____
Please check any that apply to the family:	
<input type="checkbox"/> Parents are divorced	<input type="checkbox"/> Joint custody
<input type="checkbox"/> Father is deceased	<input type="checkbox"/> Mother has custody
<input type="checkbox"/> Mother is deceased	<input type="checkbox"/> Other guardian/custodian _____
Names and ages of school age brothers/sisters _____	

Has the applicant ever:

- Had any clinically diagnosed learning disabilities? (testing data is required)
If so, please describe _____
- Had a psycho-educational battery of tests?
- Had any counseling? Please describe _____
- Been in advanced placement classes? If so, in what subject(s)? _____
- Repeated a grade? If so, what grade(s)? _____
- Been suspended and/or expelled from any school for any reason?
If so, please explain, including date(s), name of school and principal _____

Describe applicant's physical limitations _____

List medications the applicant takes regularly _____

Describe the applicant's involvement in church, school and community activities/organizations _____

Describe the ways in which you integrate your faith into family life _____

What prompted your search for a new school for your child? _____

How did you learn about Metro Christian Academy? _____

What are your expectations of MCA? _____

(Secondary applicants only) As a student, how do you think MCA can best serve you? _____

Parent/guardian and student, please read and sign where indicated below:

The applicant agrees to comply with all rules and requirements of Metro Christian Academy and to cooperate with the administration, faculty and students in maintaining high standards of conduct and scholarship.

Signature of applicant

Date

Parent/guardian agrees to support the administration and faculty in upholding the rules and requirements, and in maintaining an atmosphere of good citizenship and courtesy in all aspects of school life.

We understand that Metro Christian Academy reserves the right to dismiss a student at any time for reasons of academic deficiency, unsatisfactory conduct or any other just cause. If admitted to Metro Christian Academy, it is understood and agreed that the applicant accepts enrollment subject to the above provisions.

Signature of parent/guardian

Date

ADMINISTRATION USE ONLY

Date _____

H

R

DIC

Student Name _____ Grade _____ Telephone _____

Parent Name(s) _____ School/Church _____

Interviewer Notes:

Reviewed: Grades GPA _____
 Transcript Testing
 Recommendations 1 2 3

Standardized Testing:

Test _____

OCCT: Yes No

Year _____ Composite _____

Year _____

Language _____

Math: Adv Sat Ltd Know Unsat

Math _____

Reading: Adv Sat Ltd Know Unsat

Reading _____

Writing: Adv Sat Ltd Know Unsat

Science _____

Science: Adv Sat Ltd Know Unsat

Social Studies _____

SS/US: Adv Sat Ltd Know Unsat

DIC Director (if applicable):

Reviewed: Testing Placement

Comments _____

APPROVALS

Admissions Director Yes No WL

Signature _____

Principal Yes No WL

Signature _____

DIC Director Yes No WL

Signature _____