

# Marshalltown Christian School



*Excellence in Christ-Centered Education*

1408 South 7th Avenue • Marshalltown, Iowa 50158 • 641-753-8824  
mcs@marshalltownchristianschool.com



## Application for Admission

*The educational decisions you make for your child today will greatly impact his/her future. Thank you for considering Marshalltown Christian School as your partner in your child's education.*

*Bethany Wirin*  
*Director*

How many students are you registering? \_\_\_\_\_

Do you currently have a child enrolled at MCS?                      Yes                      No

Have you ever had a child enrolled in a Christian school?    Yes                      No

How did you hear about MCS? \_\_\_\_\_  
\_\_\_\_\_

Please send a copy of the information I submit to this email address: \_\_\_\_\_  
\_\_\_\_\_

**Student Name:** \_\_\_\_\_

Gender:    Female    Male

Grade entering: \_\_\_\_\_

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

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

City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Attended MCS previously?    Yes    No

Schools and/or Preschools attended prior to MCS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mother's Information**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Mother's Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Mother's Email Address: \_\_\_\_\_

Mother's Church Home: \_\_\_\_\_

Mother's Pastor's Name: \_\_\_\_\_

I have read the MCS Admissions Policy: Yes

I have read and agree with the MCS Statement of Faith: Yes No

Why do you wish to enroll your student at MCS? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Which most closely relates to your relationship with Jesus Christ at this moment?

I have accepted Christ as my personal savior.

I have not made a personal decision to accept Christ as my savior.

Please share briefly about your relationship with Jesus Christ: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How are you following Christ today? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Father's Information**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Father's Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Father's Email Address: \_\_\_\_\_

Father's Church Home: \_\_\_\_\_

Father's Pastor's Name: \_\_\_\_\_

I have read the MCS Admissions Policy: Yes

I have read and agree with the MCS Statement of Faith: Yes No

Why do you wish to enroll your student at MCS? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Which most closely relates to your relationship with Jesus Christ at this moment?

I have accepted Christ as my personal savior.

I have not made a personal decision to accept Christ as my savior.

Please share briefly about your relationship with Jesus Christ: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How are you following Christ today? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

After your interview with our director and school board president, we will contact you and provide information about next steps which will include completion of a full registration packet and a list of documents we will need for your student's academic file.

Questions? Call our office: 641-753-8824