



133 Brennan Street  
Watsonville, CA 95076  
831.728.2051 main  
831.728.2052 fax  
www.mndschoool.org

## Application for Enrollment

Student's Full Name: \_\_\_\_\_ Grade Applying For: \_\_\_\_\_  
Last First Middle

\_\_\_\_\_   M     F    
Date of Birth Place of Birth (City, State) Religion based on baptism Gender

**Please check the one that applies to the child:**

<b>Ethnicity (Choose one)</b>	<b>Student lives with:</b>	<b>Natural Parental Information</b>	
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Both Parents	<b>Father</b>	<b>Mother</b>
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Father	<input type="checkbox"/> Married	<input type="checkbox"/> Married
<b>Race (Choose one)</b>	<input type="checkbox"/> Mother	<input type="checkbox"/> Single	<input type="checkbox"/> Single
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Shared Custody	<input type="checkbox"/> Separated	<input type="checkbox"/> Separated
<input type="checkbox"/> Asian	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Remarried	<input type="checkbox"/> Remarried
<input type="checkbox"/> Black or African American		<input type="checkbox"/> Divorced	<input type="checkbox"/> Divorced
<input type="checkbox"/> Native Hawaiian or other Pacific Islander	<b>Language Spoken at Home</b>	<input type="checkbox"/> Deceased	<input type="checkbox"/> Deceased
<input type="checkbox"/> White	<input type="checkbox"/> English		
	<input type="checkbox"/> Spanish		

Please complete for each living parent. For Guardian, use Father and/or Mother space and indicate change.

Father/Guardian 1

Mother/Guardian 2

Full Name: _____	_____
Home Address: _____	_____
City, State, Zip: _____	_____
Home/cell Phone: _____	_____
Occupation: _____	_____
Work Phone: _____	_____
E-Mail: _____	_____
Religion: _____	_____

Additional Family Information (if applicable)

Name/Relationship: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Will you require duplicate correspondence sent to both parents?  Yes  No Send only to \_\_\_\_\_

Office Use: Assessment Fee/Date \_\_\_\_\_ Baptism/B.C. \_\_\_\_\_ Registration Fee/Date \_\_\_\_\_

How did you learn about MND? \_\_\_\_\_

Did a current enrolled family recommend a MND education? \_\_\_ Name: \_\_\_\_\_

What are your primary reasons for choosing MND?

Academics       Spiritual       Athletics       Safety

If Other, please explain: \_\_\_\_\_

If applicable:

Date of Baptism: \_\_\_\_\_

Date of First Communion: \_\_\_\_\_

Church: \_\_\_\_\_

Church: \_\_\_\_\_

City, State: \_\_\_\_\_

City, State: \_\_\_\_\_

Schools previously attended:

Name	Address (Street, City, Zip)	Phone	Grade(s)
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_____	_____	_____	_____
_____	_____	_____	_____

Does your child have major allergies (ie. food or latex)? If any, please explain: \_\_\_\_\_

Does your child have any medical conditions that require learning assistance? (visual, hearing, etc.)

If yes, please explain: \_\_\_\_\_

Specialized Tests: The information provided below will not be used to determine acceptance. This information will be used to better educate us in the needs of your child.

Has your child ever been diagnosed with:

Learning Disabilities       ADD/ADHD       Emotional Difficulties

If any, please explain: \_\_\_\_\_

Does your child have an existing IEP (Individual Educational Plan)?  Yes  No

Has your child had any behavioral issues at his/her previous school?  Yes  No

If yes, please explain: \_\_\_\_\_

Has your child been retained?  Yes  No If yes, what grade(s) \_\_\_\_\_

All of the above information is correct to the best of my knowledge:

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_