



New Student Admissions Packet

Please read this packet in its entirety before submitting your application forms.

Thank you for your interest in Mountain View Academy! We are glad you appreciate the difference a Christ-centered education makes in the lives of students. At MVA, you will find caring and nurturing teachers committed to equipping students not just for advanced education, but also for a lifetime of learning and serving God.

The Mission of Mountain View Academy is to Glorify God through the training and nurturing of students in their Spiritual, Academic, Physical, Emotional, and Social Development for a lifetime of learning and serving God. This is achieved through a Christ-centered education based on Biblical truth, which leads to the formation of the Character of God within the life of the student. We equip servant leaders to impact their world and all eternity for Jesus Christ.

We know that our students are made for so much more than the ordinary life offered by today's popular culture. We want your child to experience Jesus Christ work mightily in their lives so they prosper and flourish. By grounding each student in God's word, reminding them of Christ's love, and helping them to discover their unique gifts and talents, we hope to stretch them beyond spiritual head knowledge to discover a richer, more meaningful life in the eyes of God. We hope to prepare them not only to withstand the challenges of this life, but also to thrive and produce fruit for His eternal kingdom.

Our **K5 (kindergarten) through Level 1 (first grade)** is a full-day phonics-based, reading-readiness training program, preparing the student for independent learning, also utilizing the Accelerated Christian Education (ACE) curriculum/model. They will enter individualized curriculum by the end of Level 1.

Our **Level 2 (second grade) through High School** program is a full-day academic program, primarily utilizing the Accelerated Christian Education (ACE) curriculum/model. This is an individualized, self-paced program, tailoring to the academic performance level/needs of each student.

On behalf of the entire Mountain View Academy faculty and staff, thank you for trusting us with the education of your children. We are looking forward to a wonderful school experience.

In His service,

Pastor Josh and Amanda Lindsey

"Have I not commanded you? Be strong and courageous. Do not be afraid; do not be discouraged, for the Lord your God will be with you wherever you go." Joshua 1:9

The Admissions Process

All new student applications must be accompanied by the following:

- Signed Financial Contract
 - Financial contract is subject to change for students with an IEP, 504 or professional reports etc. for students needing specialized education and more individualized help and tutoring.
- Medical / Photo Release Form
- Copy of student's birth certificate
- Copy of student's social security card (or residency permit in the case of foreign residents)
- Updated immunization record signed by the doctor's office OR a religious exemption form
- Signed Transcript Request if transferring from another school
- Copy of any IEPs or other professional reports (e.g. child studies, speech therapy evaluations, academic assessments, etc.) if readily available
- Nonrefundable Application Fee of \$100

Receipt of an application or the admissions packet in its entirety does not imply or guarantee acceptance into Mountain View Academy. All admissions decisions made by the Administration team are final and will be communicated to you as soon as possible.

The fully completed and physically signed (no stamps or electronic signatures, please) admissions packet with the nonrefundable application fee must be submitted to the office before the prospective student will be considered for admission. We will notify you if your application packet is missing any documents or the accompanying fee, but we will not make any admissions decisions prior to all elements being received.

All prospective students are required to undergo diagnostic academic testing (school readiness tests, academic placement tests, etc.) on MVA's campus. The school will contact you for scheduling.

Please note that completion of these tests do not imply acceptance.

MVA Administration may, at their discretion, request that the prospective student and parents/guardians schedule an interview before an admissions decision is made.

If your student is accepted into MVA, the nonrefundable student fee is due at that time to guarantee the student's place in the classroom. Any delinquent payment of the student fee may result in late fees or a change in admission status.

Due to limited space in our facilities and high interest from the community, MVA very quickly fills to capacity. In this instance, your student may be placed on a waitlist. **The waitlist does not imply provisional or official acceptance.** Your student's application will be considered when/if a spot opens up; all waitlisted applications will be considered in order of receipt. If we are running a waitlist, you will be notified of this at the time of inquiry/application. **We do not run waitlists longer than the current school year.** Please note that in the event of a waitlist, the application fee is still required to complete your admissions packet, but the Student Fee will not be requested until official acceptance.

"Have I not commanded you? Be strong and courageous. Do not be afraid; do not be discouraged, for the Lord your God will be with you wherever you go." Joshua 1:9

MVA 2025-2026 Financial Policies

New Student Fees:

Application Fee \$ 100 K5 - 12th Grade per student (new applicants only)

Annual Fees:

Re-enrollment Fee	\$ 50	K5 – 12 th Grade per student
Student Fee	\$ 400	K5 - 12 th Grade per student
Tuition	\$6,800	K5
	\$7,500	1 st - 4 th
	\$8,200	5 th - 8 th
	\$9,200	9 th - 12 th

Please note: These rates are only for the 2025-2026 school year and in no way guarantee any other future years. Tuition rates for the following school year will be determined by the school administration prior to that year’s re-enrollment and admission dates.

Application Fees are due upon original application to MVA. Enrollment will not be confirmed without it. This is a one-time nonrefundable fee, waived for all returning students.

Student Fees for *returning students* are due by the re-enrollment deadline announced by the administration. Your place in the classroom for the following school year will not be confirmed without the annual nonrefundable student fee.

Student Fees for *new students* are due upon acceptance into MVA. Your place in the classroom is not guaranteed without the nonrefundable student fee.

Payment Plans:

10 Month Payment Plans are from August - May. All payments are due by the first of each month. In the event that the first of the month falls on a Saturday, Sunday or holiday, the payment will be due the following business day.

Quarterly Payment Plans are due by the first day of each quarter - specific dates are listed on our school calendar.

Annual Payment Plans are due in full by the first day of school (August).

Tuition Plans & Payments

Grade Level	Annual Tuition Rate	10 Monthly Payments	4 Quarterly Payments	1 Annual Payment (August)
K5 full day	\$6,800	\$680	\$1,700	\$6,800
Grades 1st – 4th	\$7,200	\$720	\$1,800	\$7,200
Grades 5th – 8th	\$7,800	\$780	\$1,950	\$8,200
Grades 9th – 12th	\$9,000	\$900	\$2,250	\$9,000

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Other Fees, Discounts & Policies:

Late Payment Fee — Payments not received by the 10th of the month will incur a 10% fee. In the event a payment is late for more than one month, the student may not be permitted to continue attending classes or working in PACEs until accounts are up-to-date. Any account with payments more than six weeks delinquent may be dismissed or refused future re-enrollment. Accounts that are habitually late in payments may be required to pay further ahead in their tuition plan.

Returned Check Fee — Any returned check will incur a \$25 fee and may be relegated to a cash-only account.

Repeat PACE Fee — Grades 1-12 only. The cost of PACEs is included with tuition. However, if a student scores below an 80% on their PACE test causing them to repeat that PACE, a fee of \$10/PACE will be applied to the account. This is to offset the cost incurred for additional PACEs and shipping charges.

Extra-curricular Clubs or After School Programs — Each club or after school program may have its own associated fee. These are not included in tuition or student fees. Participation will require agreement to the fees given for each individual club or team. Failure to pay will result in the student not being permitted to participate.

Field Trips and Special Activities — Any field trip, school trip, or special activity that arises may incur its own fee. These are not included in tuition or student fees. Participation will require agreement to the fees given for each trip or activity. Failure to pay will result in the student not being permitted to participate.

Forgotten Lunch Fees — In the event a student forgets to bring their own packed lunch, the MVA staff will provide an adequate lunch for them. If this becomes a pattern throughout the school year, the student's account will reflect additional fees to cover the cost of these lunches.

All families will sign a yearly financial contract with their selected payment plan upon admission or re-enrollment, agreeing to abide by the tuition, fees and financial policies of Mountain View Academy. That contract will be considered a legal and binding document. Failure to comply may result in dismissal from MVA.

Students with an IEP or professional reports or need (more one on one) tutoring — Students with an IEP, 504 or is needing assistance with a more individualized education will need to be discussed prior to signing a financial contract. We want to be sure that we can provide what is needed for your students. If we need to purchase materials or set aside more individualized time for your student, we will need to change your tuition rate.

"Have I not commanded you? Be strong and courageous. Do not be afraid; do not be discouraged, for the Lord your God will be with you wherever you go." Joshua 1:9



Applying for School Year: _____

102 Colombo Avenue, Sierra Vista, AZ 85635
520-458-0487 mvaog.church
mtviewaog@mvaog.com

New Student Application for Admission

STUDENT INFORMATION

LEGAL LAST NAME _____ LEGAL FIRST NAME _____ LEGAL MIDDLE NAME _____ SUFFIX _____

PREFERRED FIRST NAME _____ BIRTHDATE (MM/DD/YYYY) _____

Gender: Male Female

Is child a U. S. citizen? Yes No If "No," child is a citizen of what country? _____

GRADE LEVEL APPLYING FOR _____ CURRENT SCHOOL AND GRADE LEVEL (IF APPLICABLE) _____

GRADE LEVELS COMPLETED AT CURRENT SCHOOL _____

Student's Primary Address

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTY _____

STUDENT RESIDES WITH (E.G. PARENTS & SIBLINGS, GRANDPARENTS, LEGAL GUARDIANS, ETC.) _____

Does your child have a court restriction regarding parent/guardian contact and/or custody orders?

Yes No

If so, a copy of court documents must be included in your application packet. A student and/or their educational records will be released to legal parent/guardian unless a court order specifically prohibits contact or release with parent/guardian. Parent/guardian is responsible for providing current copies of all court orders.

I have read and understand the above statement regarding court orders.

ENROLLING PARENT INITIAL _____ DATE _____

"Have I not commanded you? Be strong and courageous. Do not be afraid; do not be discouraged, for the Lord your God will be with you wherever you go." Joshua 1:9

PLEASE LIST ANY OTHER CUSTODIAL PARENTS/GUARDIANS (e.g. step-parents, etc.):

Resides with? Yes No Use as Emergency Contact? Yes No

Relationship Father Mother Stepfather Stepmother Legal Guardian _____
OTHER - Please Specify

LEGAL LAST NAME LEGAL FIRST NAME LEGAL MIDDLE NAME SUFFIX

ADDRESS (If different than student) CITY STATE ZIP

PREFERRED NAME PRIMARY PHONE EMAIL ADDRESS

OCCUPATION EMPLOYER

WORK HOURS WORK PHONE

EMPLOYER'S ADDRESS CITY STATE ZIP

Resides with? Yes No Use as Emergency Contact? Yes No

Relationship Father Mother Stepfather Stepmother Legal Guardian _____
OTHER - Please Specify

LEGAL LAST NAME LEGAL FIRST NAME LEGAL MIDDLE NAME SUFFIX

ADDRESS (If different than student) CITY STATE ZIP

PREFERRED NAME PRIMARY PHONE EMAIL ADDRESS

OCCUPATION EMPLOYER

WORK HOURS WORK PHONE

EMPLOYER'S ADDRESS CITY STATE ZIP

"Have I not commanded you? Be strong and courageous. Do not be afraid; do not be discouraged, for the Lord your God will be with you wherever you go." Joshua 1:9

ACADEMIC HISTORY – Please list all previous schools, preschool through present. Use additional paper if needed.

SCHOOL NAME	CITY & STATE	YEARS ATTENDED	GRADES COMPLETED
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SCHOOL NAME	CITY & STATE	YEARS ATTENDED	GRADES COMPLETED
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SCHOOL NAME	CITY & STATE	YEARS ATTENDED	GRADES COMPLETED
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Has this student ever been expelled, dismissed, suspended (in or out of school), or refused admission to another school? Does this student have a juvenile or arrest record? If yes to any, please explain. Attach more paper if needed.

Has this student ever had disciplinary difficulties at school (e.g. multiple office referrals, detentions, academic dishonesty, repeated offenses, etc.)? If yes, please explain. Attach more paper if needed.

Has this student ever had social difficulties at school (e.g. fighting, bullying or being bullied, etc.)? If yes, please explain. Attach more paper if needed.

Has this student ever had academic or neurobehavioral difficulties; repeated a grade; been tested for or diagnosed with any learning disorders/difficulties? If yes, please explain, specifying in what subjects/areas the student may need extra assistance. Attach more paper if needed, as well as any reports that would help MVA meet your student's needs.

“Have I not commanded you? Be strong and courageous. Do not be afraid; do not be discouraged, for the Lord your God will be with you wherever you go.” Joshua 1:9

STUDENT'S FAITH HISTORY

Does the student regularly attend church? Yes No How often? _____

CHURCH NAME

CITY

PASTOR'S NAME

Does the student profess to have a personal relationship with Jesus Christ? Yes No

Do the parents/guardians regularly attend church? Yes No How often? _____

CHURCH NAME

CITY

PASTOR'S NAME

MVA is unapologetically faith-based in all areas. The students are regularly exposed to Scripture, required to memorize verses/passages of the Bible, prayed with and for, and expected to reflect Christlike character in their dealings with others and their general daily life (in and out of school). With this in mind, how does your student feel about attending Mountain View Academy?

Parent's Viewpoint: For all student ages. Please give some perceptions of your child's faith, commitment to Jesus, if & how they came to salvation, prayer & personal devotional habits, attitude towards authority, etc.

Student's Viewpoint: For students entering grades 7 and above. Please tell us about your personal faith — what you believe regarding God & salvation, how you came to a saving knowledge of Jesus Christ, what you are doing to grow in your faith, etc.

"Have I not commanded you? Be strong and courageous. Do not be afraid; do not be discouraged, for the Lord your God will be with you wherever you go." Joshua 1:9

HEALTH & MEDICAL INFORMATION

Should your student require medication to be administered during the day, state law requires all medication to be in its original container, within the expiration date on box, and with the student's name clearly labeled on the outer box *and* interior container. If the medication is a prescription from the child's physician, it must be in the original container distributed by the pharmacy, within the date of expiration, and with the student's name clearly labeled on the container.

A MAT Medical Consent Form is required for any and all medication given. This includes prescription medicine, over the counter medicine, cough drops, medical ointments, epi-pens, inhalers, etc.

MVA is a multi-use facility. Although MVA staff will do their best to keep surfaces sanitized during program hours, we cannot guarantee that all school furniture, materials, supplies and toys will be free from surface contaminants and allergens which may aggravate a child with severe reactions.

All students must have a Medical / Photo Release Form on file with the school office, updated yearly.

PARENT/GUARDIAN ACKNOWLEDGEMENT

I/we acknowledge that I am/we are required annually to complete Mountain View Academy's Medical Release form in order to supply the school with all necessary information for my/our child's medical needs. I/we understand that in order for MVA to administer medication to my/our child, I am /we are required to complete a MAT Medical Consent Form, and that this form will need a physician's signature.

I/we acknowledge that I am/we are the legal custodial parent/guardian(s) of the student listed on this application, with all legal rights to make decisions regarding their school enrollment.

I/we hereby give MVA administrators and staff my/our trust in caring for and educating my/our child. I/we will, to the best of my/our ability, adhere to the Parent / Student Handbook provided to all accepted students, and will equip my/our child to do so as well. I/we will support the school staff in their endeavors to enforce school guidelines, academic regulations, and Biblical principles, with the goal of developing more Christlike character in the life of my/our student.

I/we acknowledge that the school's receipt of this application is in no way implying or guaranteeing my / our child's acceptance into Mountain View Academy. I/we also understand this application is only one part of the enrollment packet, and will not expect an enrollment decision before all enrollment forms are received by the school.

I/we hereby attest that the information provided in this application is true and accurate, to the best of my /our knowledge and ability.

ENROLLING PARENT/GUARDIAN SIGNATURE

DATE

OTHER PARENT/GUARDIAN SIGNATURE

DATE

It is a policy of Mountain View Academy not to discriminate on the basis of race, color, religion, sex, national origin, age or disability in its educational programs or employment policies as required by the Indiana Civil Rights Act (IC. 22-9-1), IC 20-8-1-2, Titles VI and VII of the Civil Rights Act of 1964. Oak Grove Christian School admits students of any race, color, religion, or national or ethnic origin to all the rights, privileges, programs, and activities generally afforded or made available to students at the school. It does not discriminate on the basis of race, color, religion, or national or ethnic origin in the administration of its educational policies, admissions policies, scholarship and loan programs, athletic programs, or other school-administered programs.

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2025-2026 TUITION CONTRACT

Grade Level	Annual Tuition Rate	10 Monthly Payments	4 Quarterly Payments	1 Annual Payment (August)
K5 full day	\$6,800	\$680	\$1,700	\$6,800
Grades 1st – 4th	\$7,200	\$720	\$1,800	\$7,200
Grades 5th – 8th	\$7,800	\$780	\$1,950	\$7,800
Grades 9th – 12th	\$9,000	\$900	\$2,250	\$9,000

STUDENT INFORMATION

LEGAL LAST NAME	LEGAL FIRST NAME	LEGAL MIDDLE NAME	SUFFIX
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PREFERRED FIRST NAME	BIRTHDATE (MM/DD/YYYY)	GRADE ENTERING
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RESPONSIBLE PARTY INFORMATION – *The undersigned will be the assumed party responsible for payment, will receive student account invoices, and will be contacted in case of a delinquent account.*

LEGAL LAST NAME	LEGAL FIRST NAME	LEGAL MIDDLE NAME	SUFFIX
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ADDRESS	CITY	STATE	ZIP CODE
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PRIMARY PHONE NUMBER	PRIMARY EMAIL ADDRESS
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CONTRACTED TUITION PAYMENT PLAN – *Please circle the payment option that you prefer.*

- A. Ten Monthly Payments B. Four Quarterly Payments C. One Annual Payment

I have read and understand Mountain View Academy’s financial policy document. I agree to make payments in accordance with my chosen payment plan option circled above, and to abide by all payment schedules, policies and fees set in place by the school. I understand that failure to keep my account up-to-date may result in the above student’s suspension, dismissal or refused re-enrollment from MVA. I understand that this agreement is considered legal and binding.

RESPONSIBLE PARTY SIGNATURE	DATE
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“Have I not commanded you? Be strong and courageous. Do not be afraid; do not be discouraged, for the Lord your God will be with you wherever you go.” Joshua 1:9



102 Colombo Avenue, Sierra Vista, AZ
85635 520-458-0487 mvaog.church
mtviewaog@mvaog.com

Effective for School Year:

Medical / Photo Release Form

Please read all sections carefully and print clearly in ink. Only one child per form.

STUDENT INFORMATION

LEGAL LAST NAME LEGAL FIRST NAME LEGAL MIDDLE NAME SUFFIX

PREFERRED FIRST NAME BIRTHDATE (MM/DD/YYYY) Gender: Male Female

STREET ADDRESS

CITY STATE ZIP CODE COUNTY

PARENT / LEGAL GUARDIAN INFORMATION

PARENT/GUARDIAN 1 - FULL LEGAL NAME

PREFERRED NAME RELATIONSHIP TO STUDENT

PRIMARY PHONE NUMBER PRIMARY EMAIL ADDRESS

PARENT/GUARDIAN 2 - FULL LEGAL NAME

PREFERRED NAME RELATIONSHIP TO STUDENT

PRIMARY PHONE NUMBER PRIMARY EMAIL ADDRESS

Marital Status: Married Single Divorced Separated Widowed

If divorced / separated, what is the custody status? _____

Please note: Any court documents regarding custody restrictions must be on file with the school office.

Address of parent(s) if different than student's address listed above:

STREET ADDRESS

CITY STATE ZIP CODE COUNTY

"Have I not commanded you? Be strong and courageous. Do not be afraid; do not be discouraged, for the Lord your God will be with you wherever you go." Joshua 1:9

EMERGENCY CONTACT / AUTHORIZED PICK-UP INFORMATION

Apart from parents/guardians, only those listed as Emergency Contacts will be allowed to pick up your child. If your child will be picked up by someone other than an emergency contact, **written permission** must be received on the day of pick up.

Please make sure your child understands who they are permitted to leave campus with. This creates a sense of security and lessens confusion if an unexpected person is picking your child up that day.

Anyone, including custodial parents/guardians, picking up your child from campus should be prepared to show a photo I.D. before the student will be released.

First Emergency Contact

FIRST	LAST	RELATIONSHIP TO STUDENT
PRIMARY PHONE	OTHER PHONE	EMAIL ADDRESS

Second Emergency Contact

FIRST	LAST	RELATIONSHIP TO STUDENT
PRIMARY PHONE	OTHER PHONE	EMAIL ADDRESS

Third Emergency Contact

FIRST	LAST	RELATIONSHIP TO STUDENT
PRIMARY PHONE	OTHER PHONE	EMAIL ADDRESS

Fourth Emergency Contact

FIRST	LAST	RELATIONSHIP TO STUDENT
PRIMARY PHONE	OTHER PHONE	EMAIL ADDRESS

Fifth Emergency Contact

FIRST	LAST	RELATIONSHIP TO STUDENT
PRIMARY PHONE	OTHER PHONE	EMAIL ADDRESS

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HEALTH INFORMATION

DOCTOR'S NAME / MEDICAL PRACTICE

ADDRESS

PHONE

Please list all known allergies (food, environmental, contact, etc.). What specific action should we take in the case of an allergic reaction?

Does your child currently have or have a history of:

Asthma Seizures Heart trouble Diabetes Other (Please explain below.)

If so, please explain any details that would help us in caring for your child: (An action plan may be required to be on file in the school office.)

Does your child wear:

Glasses Contacts Hearing Aids Braces Retainers Other (Please explain below.)

Please explain any serious illness or injury your child has experienced within the last year:

Please explain any physical, emotional, psychological, and/or behavioral needs/restrictions, of which your child's teachers and school administration should be aware:

Please attach a separate piece of paper with any additional comments you have (include signature & date). We appreciate any information that will better help us meet your student's individual needs.

"Have I not commanded you? Be strong and courageous. Do not be afraid; do not be discouraged, for the Lord your God will be with you wherever you go." Joshua 1:9

PARENT / GUARDIAN CONSENT

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Mountain View Academy (MVA) and its staff of any liability against personal losses of named child. I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend classes and events being organized by MVA. I/We understand that there are inherent risks involved in day-to-day activities or athletic events, and I/we hereby release MVA, its directors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by MVA, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the MVA staff members.

ENROLLING PARENT/GUARDIAN SIGNATURE

DATE

OTHER PARENT/GUARDIAN SIGNATURE

DATE

PARENT / GUARDIAN PHOTO RELEASE

I/We understand that my/our signature below grants permission for MVA to photograph the student participant during school-sponsored activities and to use the photographs in audio-visual and printed materials without compensation or approval rights. These photographs may be used in any medium under the control of MVA, with the understanding that MVA will not attach names to the students in the photographs/videos, with the exception of the school yearbook. I/We understand that the photographs taken by MVA will be included into school stock files. I/We agree that the photographs/videos, the digital files or transparencies thereof, and the rights to copyright the same, shall be the sole property of MVA.

ENROLLING PARENT/GUARDIAN SIGNATURE

DATE

OTHER PARENT/GUARDIAN SIGNATURE

DATE

"Have I not commanded you? Be strong and courageous. Do not be afraid; do not be discouraged, for the Lord your God will be with you wherever you go." Joshua 1:9



102 Colombo Avenue, Sierra Vista, AZ
85635 520-458-0487 mvaog.church
mtviewaog@mvaog.com

Previous School's Name, Contact and Mailing Address:

Official Student Records Transfer Request

Dear Sir or Madam:

As the student listed below has enrolled in our school, we respectfully request for all transcripts/files you have for him/her to be sent to the address above as soon as possible. Please include all evaluative materials that apply:

- All student records
- Most recent IEP
- Discipline records
- Grades/standardized test scores
- Medical information
- Copies of birth certificate and social security card
- Any other materials pertinent to better understand this student's academic performance.

Please feel free to contact us with any questions or concerns.

Student Information:

LEGAL LAST NAME LEGAL FIRST NAME LEGAL MIDDLE NAME SUFFIX

BIRTH DATE

PARENT/GUARDIAN FULL PRINTED NAME

PARENT/GUARDIAN SIGNATURE

DATE

Sincerely,

MVA ADMINISTRATION

DATE

"Have I not commanded you? Be strong and courageous. Do not be afraid; do not be discouraged, for the Lord your God will be with you wherever you go." Joshua 1:9