



Mountain View Academy
PreKindergarten - 8th Student Enrollment Application
2025 - 2026

Student Information

Full Legal Name: _____

First

Middle

Last

Preferred First Name: _____ Gender: _____ Date of Birth: _____

Physical

Address: _____

Mailing Address (if different): _____

Phone: _____ Place of Birth: _____

City

State

Country

Are there any restraining/court orders in place to protect your student? Yes No

If YES, a copy of the restraining/court order must be provided for our school records

Enrolling Grade: _____ Previous School: _____

If new to Mountain View Academy

Shirt Size (shirts will be ordered next fall): _____

Does the student have a sibling attending Mountain View Academy? Yes No

How did you hear about MVA (new students)?: _____

Does the student have: Individualized Education Plan (IEP) Speech Services

Behavior Plan 504 Plan Other: _____

Parent/Guardian Military Service

At any time during the school year, will this student have a parent or guardian who is/will be a member of the Armed Forces on active duty or full-time National Guard, which includes:

- Students whose parent(s) are deployed, including:
 - Students placed with a temporary guardian while one or both parents are deployed
 - Students whose parent(s) or guardian(s) are:
 - Full-time Army, Navy, Air Force, Marine Corps, or Coast Guard active or training duty
 - Students at a school designated as a service school, while active military
 - Full-time National Guard members
 - Active Duty Military Technicians

Does not include:

- Students whose parent(s) or guardian(s) are:
- Members of other uniformed services, such as the commissioned corps of the National Oceanic and Atmospheric Administration and the commissioned corps of the Public Health Service.
- Retired or discharged former service members
- Part-time National Guard members who are not deployed
- Members of the reserves who have not been called to active duty
- Civilian (Title 5) employees of the Department of Defense
- Students with a relative in the armed forces other than the student's parent or guardian

Student will have an active duty parent/guardian during the 2025-2026 school year: Yes No

PreKindergarten Tuition:

The PreKindergarten program has a subsidized tuition, payable on a monthly basis (September through May). The tuition for the 2025 - 2026 school year is \$275/month. We want to make sure that our PreKindergarten program is accessible to everyone, contact us if you have any questions.

Activity Fee

There is a \$250 per-child, per-year, activity fee for PreKindergarten - 8th grade students.

\$50 is due with each application.

Waiting List

A waiting list will be created when all available spaces have been filled. The waiting list will be a lottery process from all remaining applicants that were not drawn in the lottery for any open enrollment spaces. The waiting list will be cleared at the end of each school year. Any applicants still interested in enrolling will have to apply again at each new school year enrollment period.

Race & Ethnicity

Federal regulations require all U.S. schools to gather statistical data on students' race and ethnicity. If more than one race is chosen, your student will be reported as multiracial. **Race - select at least one:**

Black Native Hawaiian or Other Pacific Islander Asian American Indian or Alaska Native
 White Non-US Native American ____% ____%

Ethnicity: Hispanic/Latino: Yes No

Emergency Contact Information:

*In the event of an emergency, parents/guardians will always be contacted FIRST. If we cannot reach a parent/guardian, please list who should be contacted:

1st Emergency Contact: _____ Relationship: _____
Cell Phone: _____ Phone(other): _____

2nd Emergency Contact: _____ Relationship: _____
Cell Phone: _____ Phone(other): _____

3rd Emergency Contact: _____ Relationship: _____
Cell Phone: _____ Phone(other): _____

Emergency School Dismissal Instructions

On rare occasions, it may be necessary to dismiss students from school early due to an emergency. If that should happen, we recognize that your normal plans for after school care may change. Please indicate below what your student should do in this situation. Please talk with your student about the plan to be certain he/she understands what you want them to do. School phone lines are limited. During an emergency it may not be feasible to reach us or we may not be able to communicate emergency plans or changes to you.

Choose one option only:

- A. My student is to follow their regular dismissal plan, as if it were the end of the school day.
B. My student is to go to the residence of another student.

Student's name: _____ Student's Grade: _____
Address: _____ Phone: _____

- C. My student is to go to the residence of another responsible adult.

Adult's Name: _____ Relationship: _____
Address: _____ Phone: _____

Parent/Guardian Signature: _____

Date: _____

Medical Information

Student's Doctor: _____ Phone: _____

Student's Dentist: _____ Phone: _____

Hospital of Choice: _____

Please mark if your student has any of the following conditions:

ADD/ADHD _____

Hearing Loss _____

Speech Disorder _____

Vision Problem _____

Asthma _____ Check if Life Threatening

Diabetes _____ Check if Life Threatening

Physical Impairment _____ Check if Life Threatening

Heart Problems _____ Check f Life Threatening

Seizure Disorder _____ Check if Life Threatening

Allergies _____ Check if Life Threatening

Food Allergies _____ Check if Life Threatening

Other _____ Check if Life Threatening

Depending on your student's allergies you may need to fill out a medical statement form in order for the district to provide food substitutions. Please contact the school office for more information.

Is your student taking medication? Yes No _____

Will your student be taking medication at school? Yes No _____

If yes, please fill out an Authorization for Medical Administration form.

Consent for Treatment: In the event of an accident or illness requiring medical attention, I understand that the school will notify me and will call for emergency medical services in the case of an injury or illness that is too serious to be treated with standard first aid. I also realize that the school district cannot be responsible for any expenses incurred in the treatment of students.

I consent to treatment, operations, or anesthetics, which may be ordered by my student's care provider or emergency medical personnel.

Parent/Guardian Signature: _____ **Date:** _____

Permissions

Field Trips: My student may participate in all school field trips. Yes No

Website: My student may be mentioned, quoted, pictured, or filmed. Yes No

Facebook: My student may be mentioned, quoted, pictured, or filmed. Yes No

Photographs: My student's picture can be taken and used for class newsletters,
class activities, bulletin boards, or the school calendar Yes No

Video: My student may be videotaped during class or school plays Yes No

Holidays: My student has permission to celebrate holidays. Yes No

Exception: _____

School Yearbook: My student may be mentioned or pictured. Yes No

News Media: My student may be seen, interviewed or quoted on T.V., radio,
or newsprint. Yes No

Technology

The use of computers and other technology at Mountain View Academy is a *privilege with responsibility*.

Failure to abide by the following guidelines may result in revoking the privilege, or further consequences.

- I will follow all the teacher directions and established procedures when computers and other technology is being used. This includes carrying devices properly and not eating/drinking when using them.
- I agree to use the technology only when instructed to do so by my teacher.
- I understand that it is my responsibility to report any accidental damage to the teacher immediately.
- I will use the computers and Internet for the purpose of education and for working on approved school assignments only. I understand that using the devices for personal use is not permitted.
- I will not use the computers to listen to music unless it is part of an assigned project. I will not import music into the devices unless directed by a teacher for use in an educational project. I will abide by all copyright laws when doing this for an educational project.
- Students may use personal headphones or use school headphones, when approved by the teacher.
- I will only use the school computers and Internet if there are teachers present supervising me. I understand that unsupervised use is not permitted.
- No web sites, software, apps, or media should be printed, shared, e-mailed, or downloaded without teacher approval.
- Do not copy other student work or files. Do not delete, manipulate or move student work or files.
- Do not login or attempt to login to the network drives with any ID other than your own.
- I understand that I may be financially responsible for the repair or replacement of stolen or abused hardware and materials.

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____



State of Oregon - Language Use Survey

This document is given when a student enters a school district for the first time.

The State of Oregon honors the languages and cultures of its people and respects all languages in our schools. We encourage the revitalization and preservation of indigenous languages and multilingualism.

This document will allow the school to determine if your student qualifies for screening to receive additional instruction to learn the English language.

Student Name: _____ Grade: _____ Date: _____

Parent/guardian name: _____

Parent/guardian signature: _____

Information	Questions
<p>This section will allow the school to know if your student qualifies for screening to receive additional instruction to learn the English language.</p>	<ol style="list-style-type: none">1. What language(s) are primarily used in the home? _____2. What was the first language(s) that your student learned? _____3. What language(s) does your student use most frequently at home? _____
<p>This question will let the school know if you, the parent/guardian, need an interpreter or documents translated. This has no cost.</p> <p><i>This section is for informational purposes only and is not used to identify if your student needs supports to learn the English language.</i></p>	<p>In what language(s) would you prefer to receive communication from the school?</p> <p>_____</p>

