

MOUNT SOPHIA ACADEMY

Family/Student Information Form

Finance Initial: _____	/Date _____
Administration Initial: _____	/Date _____
___ GRADELINK	___ Yahoo
___ Student/Family Info/LOGIN	___ MailChimp
___ Class Roster	

Thank you for printing clearly in blue or black ink.

FAMILY NAME*: _____

**If student's last name is different from family name, please student*

here _____

Complete if applicable: *Start date of transfer student: _____

**First year homeschooling? _____ Yes or _____ No

New to MSA: Parent's birthdate & license: _____

For Delaware students: School District _____

For Maryland Students*: County _____

**Must complete Maryland Letter of Intent Form*

Father Information (or Guardian 1)	Mother Information (or Guardian 2)
FIRST Name: _____	FIRST Name: _____
LAST Name: _____	LAST Name: _____
Cell Phone: (_____) _____	Cell Phone: (_____) _____
E-mail: _____	E-mail: _____

Primary Contact Parent/Guardian: _____

Primary Residence Home Phone: (_____) _____

Primary Residence Mailing Address: _____

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Please provide the required information for ALL REGISTERED MSA students in your family.

FIRST Name	PRFERRED Name	MIDDLE Initial	LAST Name
_____	_____	_____	_____
Grade Level: _____	Birthdate: ____/____/____	Gender: ___ Male ___ Female	
Student's E-mail: _____		Student's Cell Phone: _____	

Student Primarily Resides with: Both Parents Father Mother Guardian/Other: _____

MSA Program: (Please check one.)

___ MSA CLASSES ONLY	___ MSA MATRICULATED 8 th Grader & CLASSES
___ MSA DIPLOMA Program ONLY	___ MSA Matriculated 8 th Grader ONLY
___ MSA DIPLOMA Program & CLASSES	___ MSA SIBLING PROGRAM

For DOE Reporting Purposes Only:

___ Caucasian ___ African American ___ Hispanic ___ Asian ___ Other

Please provide the required information for ALL REGISTERED MSA students in your family.

FIRST Name _____ PRFERRED Name _____ MIDDLE Initial _____ LAST Name _____

Grade Level: _____ Birthdate: ____/____/____ Gender:___ Male ___ Female

Student's E-mail: _____ Student's Cell Phone: _____

Student Primarily Resides with: Both Parents Father Mother Guardian/Other: _____

MSA Program: (Please check one.)

- MSA CLASSES ONLY
- MSA MATRICULATED 8th Grader & CLASSES
- MSA DIPLOMA Program ONLY
- MSA Matriculated 8th Grader ONLY
- MSA DIPLOMA Program & CLASSES
- MSA SIBLING PROGRAM

For DOE Reporting Purposes Only:

Caucasian African American Hispanic Asian Other

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Please provide the required information for ALL REGISTERED MSA students in your family.

FIRST Name _____ PRFERRED Name _____ MIDDLE Initial _____ LAST Name _____

Grade Level: _____ Birthdate: ____/____/____ Gender:___ Male ___ Female

Student's E-mail: _____ Student's Cell Phone: _____

Student Primarily Resides with: Both Parents Father Mother Guardian/Other: _____

MSA Program: (Please check one.)

- MSA CLASSES ONLY
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- MSA SIBLING PROGRAM

For DOE Reporting Purposes Only:

Caucasian African American Hispanic Asian Other

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Parent Agreement for all registered students, please read, initial and sign below:

I agree to:

- *Check and respond to all school/ teacher emails*
- *Attend all required meetings with my student*
- *Ensure my student fulfills all educational requirements*
- *Pay Tuition in timely fashion*

Initial here: _____

MSA Photography: Do you give permission to photograph your student for yearbook & school informational materials?

Initial: _____ YES OR _____ NO

Parent Signature: _____ **Date:** _____