



# Returning Student Application Form

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

Current Grade: \_\_\_\_\_

Grade Entering (2026–2027): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## Student Review

Please answer the following questions to help us support your child’s continued success.

Has your child experienced any **significant academic challenges** this year?

Yes  No

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

\_\_\_\_\_

\_\_\_\_\_

Has your child received or been recommended for any of the following?

- IEP
- 504 Plan
- Academic Support Services
- Counseling or Therapy

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

\_\_\_\_\_

\_\_\_\_\_

Have there been any **significant changes in your child’s health, behavior, or emotional well-being** that the school should be aware of?

Yes  No

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

\_\_\_\_\_

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## Parent Partnership

McMinnville Christian Academy values a strong partnership between home and school.

Do you have any concerns, questions, or goals for your child in the upcoming school year? \_\_\_\_\_

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## Parent/Guardian Agreement

By submitting this re-enrollment application, I/We acknowledge:

- We have reviewed and agree to support the mission and policies of McMinnville Christian Academy
- We understand that re-enrollment is **not automatic and is subject to administrative review**
- We agree to the **tuition policies and financial agreement** for the upcoming school year
- We understand and agree to the school's family participation policy requiring each household to complete 10 hours of volunteer service during the school year, regardless of the number of children enrolled, in support of the school community.

Parent/Guardian Name: \_\_\_\_\_

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