



academy 2

**APPLICATION FOR ADMISSION**  
**2018 - 2019**

\_\_\_\_\_  
**Applicant's Last Name**                      **First**                      **Middle**                       Male  Female

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Age          Date of Birth          Birthplace          Country of Citizenship          Primary Language

\_\_\_\_\_  
Applicant's Home Address                      City / State / Zip                      Home Phone

\_\_\_\_\_  
Current School                                      Current Grade

\_\_\_\_\_  
Applicant's Social Security Number

\_\_\_\_\_  
**Mother's Name**                                      Cell Phone

\_\_\_\_\_  
Home Address (if different from above)          City / State / Zip          Home Phone

\_\_\_\_\_  
Business Name                                      Occupation                      Business Phone

\_\_\_\_\_  
Business Address                                      Email

\_\_\_\_\_  
**Father's Name**                                      Cell Phone

\_\_\_\_\_  
Home Address (if different from above)          City / State / Zip          Home Phone

\_\_\_\_\_  
Business Name                                      Occupation                      Business Phone

\_\_\_\_\_  
Business Address                                      Email

\_\_\_\_\_  
With whom does child live?          To whom should student progress & reports be sent?          To whom should invoices be sent?

2911 grand avenue  
suite 500  
miami, florida 33133  
tel: 786.495.0333  
iacosta@mcaacademy.com  
[www.mcaacademy.com](http://www.mcaacademy.com)  
[www.facebook.com/MCAacademy](https://www.facebook.com/MCAacademy)

# MCA

## academy 2

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Name of person to call in case of emergency	Relationship	Primary Phone
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Address	City / State / Zip
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Physician	Address	City / State / Zip	Phone
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Has applicant ever been dismissed from any school?  Yes  No

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

\_\_\_\_\_

\_\_\_\_\_

List any special interests or talents the applicant may have (academic, artistic, musical, athletic, ...):

\_\_\_\_\_

\_\_\_\_\_

Has applicant been evaluated for Educational, Learning Behavioral or Psychiatric reasons?  Yes  No

If yes, date \_\_\_\_\_ By whom \_\_\_\_\_

If yes, please enclose a copy of test results.

**We hereby submit this application for admission of our child to MCA academy 2 and have answered all questions.**

*The signature of both the father and mother are required unless one parent possesses legal custody or there is a legal guardian. Legal evidence of sole custody or guardianship will be required with the enrollment contract.*

*A copy of photo identification for all the undersigned must be submitted with this application.*

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Father's Signature or Legal Guardian

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Mother's Signature or Legal Guardian

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Date

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Date

*MCA Academy 2 does not discriminate on the basis of race, color, sex, ethnic background or religion.*

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