



academy 2

APPLICATION FOR ADMISSION

Applicant's Last Name	First	Middle
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Age	/ / Date of Birth	Birthplace	Country of Citizenship	Primary Language
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Applicant's Home Address	City / State / Zip	Home Phone
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Most Recent School Attended	Applying for Grade: _____
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Applying for School Year: _____ Grade: _____

Name of Parent/Legal Guardian 1	Cell Phone
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Home Address (if different from above)	City / State / Zip	Home Phone
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Business Name	Occupation	Business Phone
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Email Address

Name of Parent/Legal Guardian 2	Cell Phone
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Home Address (if different from above)	City / State / Zip	Home Phone
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Business Name	Occupation	Business Phone
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Email Address

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
www.facebook.com/MCAacademy

MCA

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Name of person to call in case of emergency	Relationship	Primary Phone
Physician	Phone	

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 truthfully.

*The signatures of both parents 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.

Parent/Legal Guardian 1 Signature

Parent/Legal Guardian 2 Signature

Date

Date

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

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