

Mt. Zion Bible School

RR 1 Box 48 Ava, Missouri 65608 Phone (417) 683-4600 Fax: (417) 683-4601

Christian Education Since 1936 – Building for Eternity

Re-Enrollment Application

Student's Full Name _____
Last First Middle

Family Address: _____
Street City State Zip Code

Father's Name: _____ Mother's Name: _____

Father's Cell or Home # _____ Work# _____

Mother's Cell or Home # _____ Work# _____

In case of emergency please notify:

1. _____
Name Phone Number Relationship

Will your student be riding the bus? Morning _____ Evening _____ Both _____

In making this application, I understand and agree that:

My child will be trained in accordance with Mt. Zion Bible School's mission statement, doctrinal statement, expectations, and spiritual emphasis as (read) in the Student Handbook.

My child will comply and abide by the regulations of the school concerning dress and conduct as presented in the Student Handbook.

My child will go on scheduled field trips, attend school activities, and participate in school performances held outside of regular school hours for the benefit and support of MZBS.

As the parent/guardian, I will cooperate with the school and its personnel in maintaining the objectives of Christian Education which govern the educational, social, and spiritual life of MZBS.

The administration, principal, and teacher have full discretion in the classroom discipline of my child.

The administration has full responsibility for placing my child (in) the proper grade level.

I give permission for my child's picture to be used for public relations purposes for MZBS, such as, local newspaper, or the school's Facebook and/or website.

Father's Signature/Date

Mother's Signature/Date

\$10.00 Re-Enrollment Fee

Thank you for choosing Mt. Zion Bible School to further educate your student!