

# Majestic

Academy

“Where We Are Raising a Generation of Leaders”

Student’s Legal Name: \_\_\_\_\_

Prefers to be called: **Last Name** \_\_\_\_\_ **First** \_\_\_\_\_ **Middle** \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Sex M F

Address: \_\_\_\_\_  
**Street** \_\_\_\_\_ **City** \_\_\_\_\_ **State/Zip Code** \_\_\_\_\_

Subdivision: \_\_\_\_\_ Home Phone: \_\_\_\_\_

School Attending \_\_\_\_\_ Grade \_\_\_\_\_  
**Name** \_\_\_\_\_ **City** \_\_\_\_\_

**Circle One:** Father Stepfather Guardian Other **Circle One:** Mother Stepmother Guardian Other

Social Security No.: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Mr. Dr. Name \_\_\_\_\_ Mrs. Ms. Dr. Name \_\_\_\_\_

Home address (if different from applicant) \_\_\_\_\_  
Home address (if different from applicant) \_\_\_\_\_

City \_\_\_\_\_ State/Zip Code \_\_\_\_\_ City \_\_\_\_\_ State/Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Position/ Occupation \_\_\_\_\_ Position/ Occupation \_\_\_\_\_

Company Name and Address \_\_\_\_\_ Company Name and Address \_\_\_\_\_

High School \_\_\_\_\_ High School \_\_\_\_\_

Colleges, Universities \_\_\_\_\_ Colleges, Universities \_\_\_\_\_

Degrees \_\_\_\_\_ Degrees \_\_\_\_\_

**Circle One** Parents are: Residing Together Divorced Separated Deceased – Mother Deceased – Father  
Applicant Resides with: Father Mother Stepfather Stepmother Guardian

Child’s Social Security Number \_\_\_\_\_

Place of Birth \_\_\_\_\_

Race \_\_\_\_\_

Name of church currently attending \_\_\_\_\_

What is your denomination \_\_\_\_\_ ?

List information on all previous schools applicant has attended.

School \_\_\_\_\_ Dates Attended \_\_\_\_\_

School \_\_\_\_\_ Dates Attended \_\_\_\_\_

School \_\_\_\_\_ Dates Attended \_\_\_\_\_

Has the Applicant ever been suspended or expelled from any facility for any reason? YES or NO

If yes, why \_\_\_\_\_

Has an applicant withdrawn from any Facility for any reason? YES or NO

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Has the applicant ever been diagnosed with a learning disability? YES or NO

If yes, why? \_\_\_\_\_

Does the applicant take medication for any medical need/ and or learning disability? YES or NO

If yes, please describe the medication and its effects (improves concentration, prevents headaches, controls moods, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Are there any physical, mental or emotional health conditions that in any way interfere with the applicant’s regular schoolwork, full participation in physical education program, or which have caused the applicant to miss more than one week of school within the past three years? YES or NO

If yes, please explain. \_\_\_\_\_

Describe your relationship with Jesus Christ.

Mother \_\_\_\_\_

\_\_\_\_\_  
Father \_\_\_\_\_

What role do you believe the Bible should play in your child’s education? \_\_\_\_\_

\_\_\_\_\_  
How is your family involved in church? \_\_\_\_\_

How did you hear about MLA? \_\_\_\_\_

## Waiver

We understand that recommendations and evaluations obtained for the purpose of admission to Majestic Leadership Academy are confidential, and as parents/ legal guardians, we waive our rights to them. To the best of our knowledge the information in this application is accurate. We further understand that any misrepresentation might invalidate the application process or be grounds for dismissal after enrollment.

Father/ Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother/ Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please check and explain concerning the following items -- Applicant has or receives/ has received:**

Allergies to foods, medications, etc. Description: \_\_\_\_\_

Physical disability of which school should be informed. Description: \_\_\_\_\_

Special current/recurrent illness. Description: \_\_\_\_\_

Diagnosed learning disability diagnosed by: \_\_\_\_\_

Description: \_\_\_\_\_

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- Diagnosed behavior disorder diagnosed by: \_\_\_\_\_
- Description: \_\_\_\_\_
- Testing or counseling by a psychologist, psychiatrist or counselor. Description: \_\_\_\_\_
- Occupational therapy, physical therapy, speech therapy. Description: \_\_\_\_\_

**If yes to any of the above, we require a copy of test results or consultation reports prior to the start of school.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Criteria for Spiritual Commitment:**

- \* The parents and the student are required to read and understand the “Declaration of Faith”
- \* The student and at least one parent must profess Jesus Christ as their Lord and Savior.
- \* The student must participate in and be open to spiritual growth.
- \* The parents and the student must be active and faithful in church attendance.

## **Criteria for Academic Performance:**

- \* All students will be academically assessed upon admission. Additionally, there will be ongoing assessment throughout the year to determine each student’s academic progress.
- \* Students with special academic needs will be evaluated on an individual basis.

## **Criteria for Behavioral Performance:**

- \* Students will be required to adhere to the rules of the school as stated in the Policies and Procedures Handbook.
- \* Parents will be required to cooperate and enforce the disciplinary rules in the Policies and Procedures Handbook.

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### **FOR OFFICE USE ONLY**

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Entrance Date: \_\_\_\_\_ Withdrawal Date: \_\_\_\_\_

Registration fee: Amount/Date \_\_\_\_\_ Parent Agreement: **Yes or No**

Comments: \_\_\_\_\_

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Applicants Name: \_\_\_\_\_ Age \_\_\_\_\_

I understand and agree to the following conditions of admission:

- I will support the educational philosophy, objectives and policies of the school, and will encourage my child to do the same, at and away from school. I understand that the lack of such support may result in my

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child being restricted from re-enrolling or, in extreme cases, may result in dismissal from school according to school policies.

- To ensure that my child’s total education program is effective, I agree that I will maintain for my child an environment away from school that is compatible with the school, especially in the area of moral standards.
- The faculty and administration of the school have the responsibility and the authority to discipline my child as they deem necessary.
- I have carefully examined and endorsed the Declarations Statement.
- In accordance with the philosophy of MLA, my child and I will maintain active involvement in a Christian church.
- I pledge my loyalty to the vision and ideas of MLA and will bring any criticisms directly to the faculty and/or administration, so those in authority may properly consider them.
- If for any reason my child does not meet the academics requirements or cooperate with the disciplinary standards in accordance with the procedures stated in the Policies and Procedures Handbook, I will cooperate with the administration as it handles these situations and will avoid discussion with those not involved, so as to avert a spirit of dissension and division at either my child’s expense or the school’s, MLA reserves the right to dismiss, suspend, or otherwise discipline any student who does not adhere to the standards stated in the Policies and Procedures handbook.
- If my child becomes seriously ill or is seriously injured while under school supervision, I agree that the school authorities shall first contact the responsible parent or guardian. If this person cannot be reached, the school authorities shall contact the student’s physician and follow their instructions. If the student’s physician cannot be reached or if school authorities believe my child’s condition requires emergency medical attention, school authorities will use their own discretion in contacting a properly licensed and practicing physician and will follow their attentions. If, in the opinion of a properly licensed and practicing physician, my child needs medical or surgical services that require my consent before being supplied and I cannot be reached, I hereby authorize, appoint and empower the school employees to furnish on my behalf such written or oral authorization as may be required. Further, I release the school employees, trustees, and MLA any liability that may arise from the giving of such authorization, because it is my desire that my child be furnished with such medical or surgical services as soon as reasonably possible after the need arises.
- I grant permission for my child to go on field trips authorized by the school with his or her classmates and to participate in school activities, including extracurricular activities, both at and away from school.
- I grant permission for photographs taken of my child or other family members to be used in school newsletters, advertisements, annuals, and other promotional material.
- I have read and agree with the Declarations Statement of MLA. I understand that if my beliefs change in contradiction to this Declarations Statements, my child will no longer be eligible for enrollment.
- I understand all monies collected are nonrefundable

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Father’s Name

Date

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Mother’s Name

Date

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Legal Guardian’s Name

Date

## ***Declarations Statement***

### **Mission**

Our mission is to provide extraordinary service by exemplifying Christian Character First. We will go out of our way to make sure each child gets the individual attention that he/ she deserve. As we teach our children to strive beyond the norm and never settle for less, we will build a generation if leaders.

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## Vision

We understand that, “Children Are Our Future”. We aim to train and teach them in the way they should go. (Proverbs 22: 6) The bible teaches us that if we do this, they won’t depart from it. We will continue to impart a spirit of entrepreneurship as we strive to develop today’s leaders. We want to do more than teach children to memorize scriptures. We want to teach them to live by them! By doing so, our children will excel in all areas of life academically, socially and mentally.

## Motto

“Where we are raising a generation of leaders that will not be denied”

## Values

To be obedient to God first  
To operate in excellence in everything we do and everyone we serve  
To embody ethics, pride, integrity, and passion in everything we do  
To respect and listen to others

## Declaration of Faith

We believe that Jesus Christ is the son of God and that He was crucified and buried. On the third day, He rose from the dead and ascended to heaven where he sits at the right hand of God the father almighty until His enemies become his footstool.

We believe in the rapture that the dead in Christ will rise first and those who are alive and remain shall be caught up to meet Jesus in the air.

We believe that after death eternal life begins either in heaven or in hell; where one spends eternity is based on one’s decision to live according to God’s Word and commandments or to rebel against God.

We believe in the indwelling and the baptism of the Holy Spirit with the evidence of speaking in tongues.

We believe the Bible is written word of God inspired by God. We believe faith is acting out on the word of God.

We believe in divine healing, which is restoration of health to one who believes and acts on God’s word and that Jesus is the healer. We further believe that by the stripes of Jesus we are healed!

We believe in bringing tithes and offerings to the local church.

We believe in giving alms, and caring for the sick, homeless, poor, and unfortunate.

We believe in water baptism in the name of the Father, the Son, and Holy Spirit. We believe in the name of Jesus and the authority invested in that name.

I/We have read and understood the Declarations statement of Majestic Leadership Academy.

Father’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Legal Guardian’s Signature \_\_\_\_\_ Date \_\_\_\_\_