

7601 Old Canton Road  
Madison, MS 39110  
Phone: 601-856-4455  
Fax: 601-853-3835

MADISON-RIDGELAND ACADEMY [www.mrapats.com](http://www.mrapats.com)

**APPLICATION FOR ADMISSION GRADES K3 - K5** *Please print-black ink only*

---

APPLICANT FOR: Grade \_\_\_\_\_ If K3, Please choose one \_\_\_\_\_ 3 Day Program  
SCHOOL YEAR \_\_\_\_\_ 5 Day Program

**APPLICANT'S NAME**

\_\_\_\_\_ FIRST MIDDLE LAST PREFERRED  
**Home Address**

---

\_\_\_\_\_ NUMBER & STREET CITY STATE  
ZIP  
**Home Phone** \_\_\_\_\_ **Social Security #**

---

AGE \_\_\_\_\_ SEX: M F Birthdate \_\_\_\_\_ Place of Birth

---

**Father's Full Name** \_\_\_\_\_ **Social Security #**

---

**Father's Address (if different)**

---

\_\_\_\_\_ NUMBER & STREET CITY STATE  
ZIP  
**Home Phone** \_\_\_\_\_ **E-mail address**

---

**Cell Phone** \_\_\_\_\_  
**Employer** \_\_\_\_\_ **Occupation**

---

**Business Phone** \_\_\_\_\_  
**Business Address**

---

**Education**

---

\_\_\_\_\_ HIGH SCHOOL COLLEGE DEGREES  
**Mother's Full Name** \_\_\_\_\_ **Social Security #**

---

**Mother's Address (if different)**

---

\_\_\_\_\_ NUMBER & STREET CITY STATE  
ZIP

Home Phone \_\_\_\_\_ E-mail address \_\_\_\_\_

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

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Business Phone \_\_\_\_\_

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

Education \_\_\_\_\_

HIGH SCHOOL

COLLEGE

DEGREES

Student Lives With Whom: \_\_\_\_\_ Father & Mother \_\_\_\_\_ Father \_\_\_\_\_

Mother

\_\_\_\_\_ Stepfather \_\_\_\_\_ Stepmother \_\_\_\_\_

Guardian

Please check any that apply: \_\_\_\_\_ Father deceased \_\_\_\_\_ Mother deceased

\_\_\_\_\_ Parents separated \_\_\_\_\_ Parents divorced

*Please turn to side two*

If parents are divorced, who has legal custody?  
\_\_\_\_\_

If parents are divorced or separated, to whom should admissions correspondence be sent? \_\_\_\_\_

Please list siblings:

Name	Birthdate	Age	Grade	School
------	-----------	-----	-------	--------

Name	Birthdate	Age	Grade	School
------	-----------	-----	-------	--------

Name	Birthdate	Age	Grade	School
------	-----------	-----	-------	--------

Has your child been diagnosed with any medical condition?  
\_\_\_\_\_

Family Physician \_\_\_\_\_ Office Phone  
Number \_\_\_\_\_

Special Talents/ Interests \_\_\_\_\_

Does your child speak English? Yes No  
\_\_\_\_\_  
\_\_\_\_\_

---

**Family Church** \_\_\_\_\_ **Denomination**

---

**IN CASE OF EMERGENCY, THE TEACHER OR DIRECTOR HAS OUR PERMISSION TO TAKE OUR CHILD TO A HOSPITAL OR DOCTOR FOR TREATMENT. IF WE CANNOT BE REACHED, PLEASE NOTIFY:**

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Phone**

---

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Phone**

---

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Phone**

---

---

Madison-Ridgeland Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, athletic and other school administered programs.

Effective for the duration of enrollment at Madison-Ridgeland Academy, permission is hereby given to participate in the Physical Education Program and Field Trips of Madison-Ridgeland Academy. I understand and hereby agree that Madison-Ridgeland Academy is not responsible for any accidents that might occur nor any liability that might arise therefrom.

---

**Date**

---

**Parent's or Guardian's Signature**

---