

## **STUDENT APPLICATION FORM**



To register your child for an MTA Parent Choice Student Program please complete

udent Program:	Private School (F	ull-Day) Hom	eschool (Fu	ll-Day)	5-Day/Half-Da	2-Da	y/Full-Day
Student Name	Grade in Fall Gender Male Female Other						
Address	Birth Date (mm/dd/yy)						
City	State	Zip Code		Payme	ent Method 🗌 '	Website Pa	aypal
Does your child	ive with both parents	? Yes	No		Zelle	Check St	tripe
If not, please	describe custody arra	ngement and provi	de documenta	ation			
Parent/Legal G	uardian 1 Name			Email			
Cell Phone		X	ork Phone				
Address		City		Stat	e	Zip Code	
Employer Name ar	nd Address						
Parent/Legal G	uardian 2 Name			Email			
Cell Phone		V	ork Phone				
Address		Cit	/	Sta	ate	Zip Code	
Employer Name a	and Address						
Tell us about yo	our child						
Current School					Grade		
Program					Teacher		
Enrolled Sports				F	avorite Subject		
Special				Learn	ning Disabilities		
Interests		N					
	ergetically sensitive?						
Is your child nois  Describe your ch		Yes N	s is your chil	a artistica	ity inclinea?	Yes No	
Is there anythin	g we should know ak	out your child's ph	ysical or mer	ıtal health	1?		
			Г				
Does your child h	nave any restrictions o	on physical activity			7		
	n Signature				Date:		

## **ADMISSIONS APPLICATION INFO**



**Additional Information** 

Student Name		
Use this space for a	nything you would like to share with us about your child	
Do you have any con	cerns that you would like to share with us?	
Lastly, how did you h	ear about us?	
MTA Student	Victory Martial Arts Student. Name:	
Friend	MTA Event/Open House Parent Group	
Social Media	MTA Camps Other:	
Thank you for your a	oplication! We will contact you shortly to arrange a tour or shadow day!	

Should you have any questions, feel free to call 407-435-9910 or e-mail info@mastertreeacademy.org