

Marvelous Grace Girls Academy
3111 Zepp Lane ~ Pace, FL 32571
Phone: (850) 995-7006
Fax: 1-888-995-9777

Dear Concerned Parent or Guardian

This is your first step in receiving help for you and your daughter. Please print out the following pages and fax or email them back to me.

OUR MISSION STATEMENT

1. Marvelous Grace Girls Academy is committed to provide a safe environment in which a young lady can find a place of refuge in. MGGA is a true "City of Refuge" from the sinful decadence of today. Here a girl can relax and enjoy her Girlhood.

2. We wish to help in her Scholastic achievements by providing quality education.

In addition to Scholastic Studies, the girls can take part in the Spiritual Atmosphere of MGGA, while we provide ample opportunities for worship of our God and Saviour, Jesus Christ.

3. Lastly, we aid in their Social Developments with learning how to deal with personal issues, as well as working out life problems as a whole.

Marvelous Grace Girls Academy will provide a Safe, Secure, Stable, Structured, Spiritual, and Sweet Atmosphere for girls who struggle with themselves, and others who love her.

In this first step of receiving help, please return the three completed pages. After review, we will be in touch with you.

Either fax them to: 1-888-995-7006

Or email to: contact@mgga.us

You may call me at any time @ (850) 995-7006

Gathering Up the Fragments That Remain,
Bro. Steven Blankenship
Founder/Executive Director

"Marvelous Grace Girls Academy, a Place of Healing, Help and Hope"

APPLICATION FOR ADMISSION TO MARVELOUS GRACE GIRLS ACADEMY

Application for year beginning _____ and ending _____
(1Year Minimum)

Photo

Name of person making application: _____
Address: _____ City/State/Zip _____
Phone: _____ - _____ - _____ Relationship to child: _____
Date: _____

Application is hereby made for the admission of:

1. _____ Age: _____ Race: _____
(Complete legal name)

2. Birth Date ____ / ____ / ____ U.S. Citizen (__) YES (__) NO

3. Place of Birth: _____

4. Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____
Scars/tattoos/birthmarks/piercing: _____

5. Student's Social Security Number: _____ - _____ - _____ Name she prefers: _____

6. Are both parents living? (__) YES (__) NO;
If "NO" , please explain: _____

Can child have contact with both parents? (__) YES (__) NO
If "NO", please explain: _____

Parents divorced? (__) YES (__) No Remarried? (__) YES (__) NO
List all other brothers and sisters in family, including step-brothers and step-sisters:

NAME:	BIRTHDATE:
_____	_____
_____	_____
_____	_____
_____	_____

7. Name or father or guardian: _____

Home Address: _____

Occupation: _____ Yearly Gross Income: _____

Business Address: _____

Home Phone: (__) _____ Business Phone: (__) _____

SSN: _____ - _____ - _____ Birthplace: _____ DOB: ____ / ____ / ____

Highest Grade Completed: _____ Other Training: _____

8. Name of mother or guardian: _____

Home address: _____

Occupation: _____ Yearly Gross Income: _____

Business Address: _____

Home Phone: (__) _____ Business Phone: (__) _____

SSN: _____ - _____ - _____ Birthplace: _____ DOB: ____ / ____ / ____

Highest Grade Completed: _____ Other Training: _____

APPLICATION FOR ADMISSION TO MARVELOUS GRACE GIRLS ACADEMY

9. Emergency Contact: _____

Name: _____ Relationship to student: _____

Address: _____

Phone: () _____ Business Phone: () _____

Cell Phone: () _____ Pager Number: () _____

10. Are you aware of any relatives or friends who might object to this placement? _____

If "YES" please explain: _____

11. Pastor's Name: _____ Home Phone: () _____

Church Name: _____ Church Phone () _____

Address: _____

12. Last grade student completed: _____

13. Last school attended: _____

Address: _____

Name of principal or teacher: _____

Was the student honorably released? () YES () NO

If "NO" explain: _____

14. The quality of this student's work is: () Excellent () Good () Fair () Poor

Explain: _____

15. Does the student have Disciplinary Difficulties? () YES () NO

Explain: _____

16. Felony Arrests: () YES () NO

Explain: _____

17. Miscellaneous Arrests: () YES () NO

Explain: _____

18. List any other violent behavior: _____

19. Alcohol/Tobacco/Drug use? () YES () NO

Explain: _____

20. Has child ever lied to you? () YES () NO

If "YES", how often? Explain: _____

21. Has the local department of Social Services been contacted? () YES () NO

If "YES", please explain: _____

22. Sports: _____ Hobbies: _____ Other: _____

23. Please describe why you believe your daughter would benefit by enrolling in Marvelous Grace Girls Academy.

Be specific: _____

24. Any other pertinent information (Please attach separate page if needed): _____

25. Please write a short biography of your daughter's behavior and issues of concern
(Use a separate piece of paper)

MEDICAL HISTORY

(To be completed by parent – required of everyone)

Child’s Full Legal name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

SSN: ____/____/____ DOB: ____/____/____ Race: _____

STUDENT HEALTH HISTORY – (Check all that the student has or has had)

- () Drug Flashbacks () Diabetes () Epilepsy () Rheumatic Fever () Arthritis
- () Scarlet Fever () Frequent Head or Chest Colds () High blood pressure () Anemia () Low blood pressure
- () Tuberculosis () Mumps () Thyroid disease () Measles () Sinus disorders () Chickenpox
- () Jaundice () Whooping cough () Malaria () Venereal disease () Kidney/Bladder disease
- () Heart disease () Pleurisy () Liver disease () Weight loss exceeding 10 + () Allergies () Insomnia
- () Tonsillitis () Diphtheria () Eye trouble () Migraines

If “YES” please explain below

FAMILY HEALTH HISTORY – (Parents, Grandparents, Siblings)

- () Allergies () Venereal disease () Mental disease () Brain tumors
- () Arthritis () Epilepsy () Heart disease () Tuberculosis
- () Cancer () High blood pressure () Leukemia
- () Kidney disease () Diabetes () Drug or alcohol addiction

Date of last Tetanus or DPT injection: ____/____/____

History of injuries: If any, give short account. If none, indicate “NONE.”

History of surgeries: If any, When? What? If none, indicate “NONE.”

List any current medications this child is on and the reasons:

Have you ever sought psychiatric or psychological counseling for this child?

() YES () NO

(If yes, please explain in a letter, including the circumstances and medications prescribed)