



The MBA Experience: Growing tomorrow's leaders to transform lives and communities.

Noah Gordon, Principal

1082 Berclair Street, Memphis, TN 38122

Phone: 901-591-7267 or 901-591-7252 Fax: (901) 308-1430

noah.gordon@mbaexecutives.org

<http://www.mbacharterschools.org>

2022-2023

Please return or fax Student Application to the information indicated above.

Are you a former MBAE Student: Yes () No()

Daycare Provider: _____ Daycare number _____

Car Rider: Yes() No() Walker: Yes() No()

All students that are walkers must be accompanied by an adult or older relative.

Student Information:

Last Name: _____ First Name: _____

Middle Name: _____ Nickname: _____

Mother's Maiden Name: _____ Grade for 2020-2021: _____

SS#: _____ DOB: _____

Birth State/Nation: _____ Birth City: _____

Birth Country: _____ Hispanic or Latino: Yes () No ()

Please Circle One:

Ethnic Codes:		
Black/African American	Asian	Indian
Pacific Islander or Native Hawaiian	White	Hispanic
Female		Male
1. Does the student have siblings or other relatives that attends MBA? Yes No		
If so, please list them:		
Student's Name:	Elementary, Middle, High (circle one)	Relationship:
	Elementary, Middle, High	
	Elementary, Middle, High	
	Elementary, Middle, High	

Is a language other than English spoken in the home? Yes () No ()



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Language _____ Country of Origin _____

Home Address: _____

City/State/Zip: _____ Home Phone: _____

Cell Number: _____ Email: _____

Parent 1/Guardian Student Lives With:

First Name: _____ Last Name: _____

Work: _____ Cell: _____ Email: _____

Employed By: _____ Relationship to Child _____

Parent 2:

First Name: _____ Last Name: _____

Work: _____ Cell: _____ Email: _____

Employed By: _____ Relationship to Child _____

Custody Information

Custody Alert? Yes () No ()

If yes, please attach an explanation including a **COPY** of any court orders.

Medical Alert: Please complete the "Confidential Health Information Form"

Does this student have any medical conditions? Yes () No ()

Special Education Information:

Has student ever been enrolled in a Special Education/Resource/504/Gifted Program? Yes ()
No ()

If yes, what type of program? _____

Where? _____ When? _____

Other persons to call in case of emergency or illness: Only parents/guardians listed below may check out your child. Emergency contacts must be 18 or older and will be required to provide ID.



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Contact 1:	Contact 2:
Name: _____ Cell Number: _____ Relationship to Child: _____	Name: _____ Cell Number: _____ Relationship to Child: _____
Contact 3:	Contact 4:
Name: _____ Cell Number: _____ Relationship to Child: _____	Name: _____ Cell Number: _____ Relationship to Child: _____
MBA has implemented a Phone Tree Notification System to help keep parents informed of school activities and emergencies. It is very important that parents contact information be up to date in case of emergency.	

Last school attended _____

City _____ State _____ Date withdrawn _____

Projected School 2020-2021 _____ Grade _____

Has this student ever been enrolled in a Tennessee School? Yes() No()

Has this student ever been previously enrolled in a Memphis City School? Yes () No()

If yes, please list the Tennessee School/MCS School Name, City, Year _____

Are you here on a school transfer? Yes____ No____

Is this student currently under suspension/expulsion at another school? Yes () No ()

Has this student been adjudicate (giving a ruling) delinquent for having committed a violent crime?
Yes () No()



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I certify that information contained in this application is true and complete. I understand that false information may be grounds for my child to not be accepted into Memphis Business Academy Elementary or dismissal from Memphis Business Academy Elementary at any point in the future if my child is accepted. I authorize the verification of any or all information listed above.

Parent Signature _____ Date _____