



# Miracle Meadows School

Address: 99 Miracle Meadows Drive, Salem, WV 26426 | Phone: (304) 782-3628/3630 | Fax: (304) 782-3660  
Email: [info.miraclemeadows@gmail.com](mailto:info.miraclemeadows@gmail.com) | Website: <http://www.miraclemeadows.org>

Dear Parent/Guardian:

We appreciate your interest in Miracle Meadows School and hope to provide you with all the information you will need to make the right decision for your child. Enclosed are the information components you have requested.

If you have further questions or need assistance in filling out any part of the application, please feel free to contact us at (304) 782-3630/3628. If you're calling after hours, the following individuals will be able to assist you:

- Ms. Jerrilyn Fabien, Student Life Director (304) 266-9278
- Mr. Pila Telefoni, Boys Dorm Head Team Leader (304) 641-7141
- Mrs. Gayle Clark, Interim Executive Director (304) 266-7794

We are asking God's blessing as you review this information and make a decision about the needs of your child.

Sincerely,

Gayle Clark  
Founder/Interim Director

gc/mt



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OFFICE USE ONLY

Date of Enrollment: \_\_\_\_\_

Admitted by: \_\_\_\_\_

## STUDENT APPLICATION *(Please print clearly)*

Student Name: \_\_\_\_\_

Date of Application: \_\_\_\_\_

### PARENT(s) Personal Information

Parent/Legal Guardian (each separately)

Parent/Legal Guardian (each separately)

Occupation

Relationship to Child

Occupation

Relationship to Child

Address

Address

Home Phone

Work Number

Home Phone

Work Number

Email Address

Cell Number

Email Address

Cell Number

Is there a court order defining custody?  Yes  No If YES, please include a copy of the court order

If NO, please explain:

Last Name of YOUTH

First Name

Middle Name/Initial

Social Security Number (IMPORTANT)

Address

City

State

Zip

Religion/Denomination

Gender

Date of Birth (MM/DD/YYYY)

Place of Birth (city/state/county)

Age

Race

Male  Female

Nickname(s) If Any

Height

Weight

Eye Color

Hair Color

Distinguishing Marks, Scars or Tattoos?

Adopted

Age at adoption

Level of Bonding

Yes  No

Last School Attended

Address

Telephone #

Grade

### Emergency Contact Information

Name

Relationship to Child

Primary Phone Number

Address

Secondary Phone Number

### People who know this student's needs

Name

Relationship to Child

Primary Phone Number

Name

Relationship to Child

Primary Phone Number

### Persons NOT to have contact with student

Name

Relationship to Child

Phone Number

Name

Relationship to Child

Phone Number

Name

Relationship to Child

Phone Number

**Student Background Information**

Last Name First Name Middle Name (or initial) Date of Application

**Social Background**

Describe the relationship with his/her mother:

Describe the relationship with his/her father:

Describe the relationship with his/her step-parent

List the names of siblings, ages & quality of relationship with them

Describe the youth's personality (quiet, outgoing, perfectionist, moody, enthusiastic, peacemaker, etc.)

**If any of the following have happened to the youth, clarify, as needed and indicate age of youth and who.**

Death or Abandoned by significant person (who?)

Sexual molestation of student

Serious illness of student

Serious physical or mental illness of family member (who?)

**In the box provided, please write 0 for not applicable, 1 for has occurred or likely occurred, 2 for sometimes and 3 for frequent or many.**

- Lying Runaways Truancy (skipping school)
Setting fires Defiance of authority Stealing
School expulsion Academic failure Physical assaults
Suspension Running away Destruction of property
Rages/Anger Suicide attempts or threats Use of drugs
Use of alcohol Use of tobacco

List drugs that have been tried/abused:

Arrested (describe)

Assault(s) on other(s)? Who? Last Assault
Yes No

Sexual misconduct (prostitution, promiscuity, homosexuality, molestation of others) Describe:

Suffers from eating disorders? Describe:

Treating or hospitalized for emotional problems? Explain (including how long)

Other comments:

## Early Life Experiences

Last Name

First Name

Middle Name (or initial)

Date of Application

Filled out by

Date

Adopted

Yes

No

### A. Trauma/neglect while in utero (prenatal) – (Place “x” by all that apply)

- 1. Maternal rejection of fetus & pre-birth baby: Describe \_\_\_\_\_
- 2. Abuse, emotional melt-down, sense of fear by mother during pregnancy: Describe \_\_\_\_\_
- 3. Drug abuse during pregnancy by mother: Describe \_\_\_\_\_
- 4. Serious, prolonged illness of mother: Describe \_\_\_\_\_
- 5. Maternal depression, suicidal, despair: Describe \_\_\_\_\_
- 6. Other: Describe \_\_\_\_\_

### B. Neglect, Trauma during first 3 years of life – (place “x” by all that apply)

- Describe: When, How long, Who, Intensity, etc.

- 1. Drug addiction by mother: When/How Long \_\_\_\_\_
- 2. Physical abuse to baby: Describe \_\_\_\_\_
- 3. Absent mother: When/How Long/Who: Describe \_\_\_\_\_
- 4. Serious prolonged illness of mother: When/How Long: Describe \_\_\_\_\_
- 5. Serious, painful illness of baby: Describe \_\_\_\_\_
- 6. Sexual abuse to baby: Describe \_\_\_\_\_
- 7. Orphanage experience: Describe \_\_\_\_\_
- 8. Multiple mother-figures: Describe \_\_\_\_\_
- 9. Multiple homes/families: Describe \_\_\_\_\_
- 10. Prolonged, fearful, unsafe situations: Describe \_\_\_\_\_
- 11. Depressed mother: Describe \_\_\_\_\_
- 12. Poor parenting skills: Describe \_\_\_\_\_
- 13. Multiple day-cares or baby sitters: Describe \_\_\_\_\_
- 14. Other \_\_\_\_\_

### Positive Experience Statement

- During the first three years of life, the mother was able to stay home. Child experienced physical love, wise limits, socialization, happy play, adequate sleep, limited T.V., good nutrition, and was read to:

Exceptions \_\_\_\_\_

# Problem Behaviors Inventory

Last Name

First Name

Middle Name (or initial)

Date of Application

Filled out by

Date

Adopted

Yes

No

Write in the appropriate letter; O=No; M=moderate/occasionally; S=severe/frequent/always

❖ Example: M1. Lying: Describe whenever she is caught, or gets in trouble

Describe = (include when, how, examples of, etc.)

1. Lack of impulse control: Describe \_\_\_\_\_
2. Self-destructive, physical/psychological: Describe \_\_\_\_\_
3. Destruction of property: Describe \_\_\_\_\_
4. Aggression toward others, physical/verbal: Describe \_\_\_\_\_
5. Consistently irresponsible: Describe \_\_\_\_\_
6. Inappropriately demanding and clingy: Describe \_\_\_\_\_
7. Stealing: Describe \_\_\_\_\_
8. Deceitful (lying, conning): Describe \_\_\_\_\_
9. Inappropriate sexual conduct and attitudes: Describe \_\_\_\_\_
10. Cruelty to animals: Describe \_\_\_\_\_
11. Sleep disturbance: Describe \_\_\_\_\_
12. Wets and dirties self: Describe \_\_\_\_\_
13. Frequently defies rules (oppositional): Describe \_\_\_\_\_
14. Hyperactivity: Describe \_\_\_\_\_
15. Abnormal eating habits – gorging, starving, hoarding: Describe \_\_\_\_\_
16. Preoccupation with fire, gore or evil: Describe \_\_\_\_\_
17. Persistent nonsense, questions and incessant chatter: Describe \_\_\_\_\_
18. Lack of cause and effect thinking: Describe \_\_\_\_\_
19. Learning disorders: Describe \_\_\_\_\_
20. Speech disorders: Describe \_\_\_\_\_
21. Perceives self as victim (helpless): Describe \_\_\_\_\_
22. Grandiose sense of self-importance/entitlement: Describe \_\_\_\_\_
23. Not affectionate on parents terms: Describe \_\_\_\_\_
24. Intense displays of anger (rage at mother): Describe \_\_\_\_\_
25. Frequently sad, depressed or hopeless: Describe \_\_\_\_\_
26. Inappropriate emotional responses: (laughs at sadness, etc.) \_\_\_\_\_
27. Marked mood changes: (emotions don't match events) \_\_\_\_\_
28. Superficially engaging and charming: Describe \_\_\_\_\_
29. Lack of eye contact for closeness: Describe \_\_\_\_\_
30. Indiscriminately affectionate with strangers: Describe \_\_\_\_\_
31. Lack of or unstable peer relationships: Describe \_\_\_\_\_
32. Cannot tolerate limits and external control: Describe \_\_\_\_\_
33. Doesn't like criticism and blames others for own mistakes and problems: Describe \_\_\_\_\_
34. Victimized by others: Describe \_\_\_\_\_
35. Lacks trust in others: Describe \_\_\_\_\_
36. Exploitative, manipulative, controlling, bossy: Describe \_\_\_\_\_
37. Triangulates adults: Describe \_\_\_\_\_
38. Accident prone: Describe \_\_\_\_\_
39. Tactilely defensive: Describe \_\_\_\_\_
40. Lack of faith, compassion, and other spiritual values: Describe \_\_\_\_\_
41. Lack of remorse and conscience: Describe \_\_\_\_\_
42. Lying: Describe \_\_\_\_\_

**Parents' Goals**

Last Name

First Name

Middle Name (or initial)

Date of Application

**This section of the application is very important. Please take time to consider your goals for your child in the following areas. At Miracle Meadows, we seek to find balance in the 4 domains of life: Mental, Physical, Social, and Spiritual.**

Parents Completing goals: 1. \_\_\_\_\_  
2. \_\_\_\_\_

**Academic/Learning (Mental):**

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**Health & Wellness (Physical):**

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**Emotions & Relationships (Social):**

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**Spiritual Commitment:**

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**Additional Comments**

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**PARENTS SIGNATURE: I understand and agree to all of the above**

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

## Health History

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name (or initial) \_\_\_\_\_ Date of Application \_\_\_\_\_

### Family History – Have any of your relatives had any of the following? (Please include immunization records)

Medical Problems	Yes	No	Relation	Medical Problems	Yes	No	Relation
Tuberculosis	<input type="radio"/>	<input type="radio"/>	_____	Arthritis	<input type="radio"/>	<input type="radio"/>	_____
Diabetes	<input type="radio"/>	<input type="radio"/>	_____	Stomach disease	<input type="radio"/>	<input type="radio"/>	_____
Kidney disease	<input type="radio"/>	<input type="radio"/>	_____	Asthma/hay fever	<input type="radio"/>	<input type="radio"/>	_____
Heart disease	<input type="radio"/>	<input type="radio"/>	_____	Epilepsy, convulsions	<input type="radio"/>	<input type="radio"/>	_____

### Personal History – Has your child had any of the following?

Condition	Yes	No	Condition	Yes	No	Condition	Yes	No
Scarlet Fever	<input type="radio"/>	<input type="radio"/>	Measles	<input type="radio"/>	<input type="radio"/>	Head Injury/Unconsciousness	<input type="radio"/>	<input type="radio"/>
German Measles	<input type="radio"/>	<input type="radio"/>	Mumps	<input type="radio"/>	<input type="radio"/>	Gallbladder Trouble/Stones	<input type="radio"/>	<input type="radio"/>
Chicken Pox	<input type="radio"/>	<input type="radio"/>	Malaria	<input type="radio"/>	<input type="radio"/>	Gum or Tooth Trouble	<input type="radio"/>	<input type="radio"/>
Sinusitis	<input type="radio"/>	<input type="radio"/>	Eye Trouble	<input type="radio"/>	<input type="radio"/>	Ear/Nose/Throat Trouble	<input type="radio"/>	<input type="radio"/>
Mononucleosis	<input type="radio"/>	<input type="radio"/>	Pain/Pressure in Chest	<input type="radio"/>	<input type="radio"/>	High/Low Blood Pressure	<input type="radio"/>	<input type="radio"/>
Chronic Cough	<input type="radio"/>	<input type="radio"/>	Palpitations	<input type="radio"/>	<input type="radio"/>	Rheumatic Fever/heart Murmur	<input type="radio"/>	<input type="radio"/>
Back Problems	<input type="radio"/>	<input type="radio"/>	Tumor, Cancer, Cyst	<input type="radio"/>	<input type="radio"/>	“Trick” Knee, Shoulder, etc.	<input type="radio"/>	<input type="radio"/>
Jaundice	<input type="radio"/>	<input type="radio"/>	Glasses Needed	<input type="radio"/>	<input type="radio"/>	Stomach/Intestinal Problems	<input type="radio"/>	<input type="radio"/>
Circumcision	<input type="radio"/>	<input type="radio"/>	Insomnia	<input type="radio"/>	<input type="radio"/>	Frequent Depression	<input type="radio"/>	<input type="radio"/>
Frequent anxiety	<input type="radio"/>	<input type="radio"/>	Worry/Nervousness	<input type="radio"/>	<input type="radio"/>	Hay Fever/Asthma	<input type="radio"/>	<input type="radio"/>
Recurrent Cold	<input type="radio"/>	<input type="radio"/>	Tuberculosis	<input type="radio"/>	<input type="radio"/>	Recurrent Diarrhea	<input type="radio"/>	<input type="radio"/>
Rupture, Hernia	<input type="radio"/>	<input type="radio"/>	Shortness of Breath	<input type="radio"/>	<input type="radio"/>	Recent Weight Gain/Loss	<input type="radio"/>	<input type="radio"/>
Dizziness, Fainting	<input type="radio"/>	<input type="radio"/>	Weakness, Paralysis	<input type="radio"/>	<input type="radio"/>	Frequent Urination	<input type="radio"/>	<input type="radio"/>
Sexually Transmitted Disease	<input type="radio"/>	<input type="radio"/>	Album/Sugar in Urine	<input type="radio"/>	<input type="radio"/>			
X-Rays on File	<input type="radio"/>	<input type="radio"/>	Student on Orthodontic Care?	<input type="radio"/>	<input type="radio"/>			

### Surgeries

Condition	Yes	No	Condition	Yes	No	Condition	Yes	No
Appendectomy	<input type="radio"/>	<input type="radio"/>	Tonsillectomy	<input type="radio"/>	<input type="radio"/>	Hernia Repair	<input type="radio"/>	<input type="radio"/>
Other _____								

### Females Only

Condition	Yes	No	Condition	Yes	No	Condition	Yes	No
Irregular period	<input type="radio"/>	<input type="radio"/>	Excessive flow	<input type="radio"/>	<input type="radio"/>	Severe cramps	<input type="radio"/>	<input type="radio"/>
Previous pregnancy	<input type="radio"/>	<input type="radio"/>	Abortion	<input type="radio"/>	<input type="radio"/>	Number of births	<input type="radio"/>	<input type="radio"/>
Birth control used?	<input type="radio"/>	<input type="radio"/>	Type:	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>

### Allergies

Condition	Yes	No	Condition	Yes	No	Condition	Yes	No
Penicillin	<input type="radio"/>	<input type="radio"/>	Sulfonamides	<input type="radio"/>	<input type="radio"/>	Serum	<input type="radio"/>	<input type="radio"/>
Foods (list below)	<input type="radio"/>	<input type="radio"/>	Other (list below)	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>

Past Medications: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Other significant medical information or events (include date) \_\_\_\_\_





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## Insurance

Last Name    First Name    Middle Name (or initial)                          Date of Application

Parent (Insurance Holder)			Name of Other Close Contact		
Telephone Number			Telephone Number		
H:	C:	W:	H:	C:	
Street Address			Street Address		
City	State	Zip Code	City	State	Zip Code

## Family Physician

Name			
Telephone Number		Fax Number	
Street Address		City	State      Zip Code

## Insurance Information - (Please include a copy of this card - front and back)

Do you have MEDICAL coverage for the youth? <input type="radio"/> Yes <input type="radio"/> No		Parent/Guardian Name (Policyholder)	
Health Insurance Company Name		Policy Number or member ID Number	
Insurance Address (Please include a copy of insurance card)		Telephone Number	
Do you have DENTAL coverage for the youth? <input type="radio"/> Yes <input type="radio"/> No		Do you have PRESCRIPTION coverage? <input type="radio"/> Yes <input type="radio"/> No	

Please include a copy of your child's Immunization record and a copy of your child's medical insurance card (front and back).

I understand that I am responsible for all medical bills incurred by my child.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Copy of card  
(Front and Back)

# Financial Terms Contract

Last Name

First Name

Middle Name (or initial)

Date of Application

## Finances - (Please read the following and indicate your agreement by placing your initials beside each paragraph and signing below.)

- 1. I agree to pay the fees due to Miracle Meadows School by the due date of the first day of each month.
- 2. I agree to pay \$500 enrollment fee, \$25 application fee, and a uniform fee of \$350 upon enrollment of my student.
- 3. I understand that tuition deductions include \$200/monthly for my students' Work Education Scholarship. A \$200 monthly deduction is given IF the full tuition is paid by the due date each month.
- 4. I understand that application for MMS tuition assistance requires providing certain documents such as copies of my tax records, inc.
- 5. I agree to pay additional uniform and textbook fees if my student stays more than one year at MMS.
- 6. I understand that the full tuition for MMS is \$2,900 monthly, without the tuition deductions.
- 7. I understand that after the first month, my tuition may be handled by FACTS Tuition Management Company, if I wish. This allows credit card payment. I must request this.
- 8. I agree to pay tuition for each month in which MMS holds a space for my student.
- 9. I agree that if the student is enrolled after the 16<sup>th</sup> of any given month, I will pay the full tuition for that month. On that fourth month of his/her enrollment, I will receive a credit in the amount of a deduction of one-half month credit.
- 10. I understand that non-payment of tuition is grounds for dismissal. On or about the 11<sup>th</sup> day of the second month in which payment is not received, I will be notified that my student will be dismissed by the 1<sup>st</sup> of the following month. Unless other arrangements are made, the student will be sent home by bus or other reasonable-priced transportation.
- 11. A third party may be involved in assisting me with tuition payments (relatives, church or conference). However, I agree that I am responsible for payment should they fail to make payment. I understand that I cannot receive the timely-payment discount if a payment is not received by MMS on time (regardless of who makes the payment).

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date



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## Legal Authorization

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Full Name of Student

I herein affirm that I am in agreement with the enrollment of my child in Miracle Meadows School (MMS). I agree to cooperate with the educational and developmental program of the school.

I authorize Miracle Meadows School to consent in my stead as they may deem appropriate or necessary to the following regarding the above-named youth: Physical and mental examinations; ordinary medical, dental psychiatric, hygienic, or other remedial care and treatment, including but not limited to vaccinations, immunizations, anesthesia, hospitalization or surgery; and plans, activities or procedures related to youth's education and daily living. I agree to pay for all health care not covered by insurance.

I hereby authorize Miracle Meadows to initiate a search for my child should he/she run away from the MMS campus or group. When this student is found, I give my permission for his/her release to MMS staff for return to Miracle Meadows School.

I have been informed of the types of activities common to the Miracle Meadows School program. I am aware of the risks involved in such activities but have determined that the benefits outweigh the potential risk. I will in no way hold Miracle Meadows School or its staff, whether paid or volunteer, liable for any act, except in cases of negligence, for any injury or death resulting from the enrollment and participation of my child in this school program.

This agreement can be terminated by either party at any time.

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Parent or Legal Guardian

---

Date

---

Parent or Legal Guardian

---

Date

---

Witness

---

Date

---

MMS Witness

---

Date

## Program Understanding

Last Name

First Name

Middle Name (or initial)

Date of Application

It is important that you read and initial beside the following descriptions of the Miracle Meadows School program and its expectations for enrolled students. If you need further clarification regarding any point, please discuss it with the MMS administrative staff before initialing your understanding of that particular point. Please indicate your understanding and agreement by initialing beside each paragraph and signing below.

1. Student enrollment at Miracle Meadows School (MMS) is for an expected length of at least one year. Studies and experience show that for changes to withstand pressures, a minimum of one year is necessary. Students stay at MMS until they are ready to leave as determined by MMS staff in cooperation with parents and the student. Many students need to stay longer than one year. Early withdrawal without a thirty-day notice results in a penalty equivalent to a full month's tuition without any discounts.
2. Because students tend to "check out" once a date for leaving MMS is discussed, parents are never to discuss leaving MMS with their students without prior permission from MMS administration. Doing so is grounds for immediate dismissal of the student.
3. MMS operates on an educational model, not a psychotherapeutic model. While guidance occurs, the real framework for personal change comes from daily life with students, teaching them at the time of need and assisting them with the learning of skills, concepts and relationships that will lead to success and salvation.
4. Parent education is an integral part of the MMS program and I agree to participate. I understand that my student may be dismissed from the school if I miss two Parent Education Weekends within six months, unless prior arrangements are agreed upon or an alternative visit is scheduled.
5. Parents are not to send spending money to students without prior permission by the Student Life Director. This helps the school teach responsibility in earning and spending money.
6. Students are not to receive packages of food from home except on rare special occasions and then only with permission from the administration. Sweets and fats are less than healthy and consumption should be kept to a minimum. If a package is sent it should include enough for the dorm or just a small treat or two for the individual student. We are teaching our students to develop health tastes and dietary self-control.
7. MMS is a Seventh-day Adventist supporting school. Any parent/guardian who enrolls his/her dependent in MMS is knowingly choosing an Adventist environment, lifestyle and value system for that dependent.
8. The following items must be attached to the application or brought to registration:
  - Copy of the student's Birth Certificate
  - Copy of Immunization Records
  - Unofficial Copy of Student's Transcripts
  - \$25 Application Fee
9. MMS does not have any documented misbehavior by the student which results in dismissal. However, students are dismissed if parents do not pay tuition and/or are involved in unresolvable loss of trust with the school which impacts the students.

Parent's Signature

I understand and agree to all of the above.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date



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## Psychological Information Release Authorization

<b>To:</b>  <b>Address:</b>	

Please send any information that would be helpful in the treatment of:

\_\_\_\_\_  
Full Name of Student

Include a diagnosis, if one has been made, and effective treatment or learning strategies used with the child.

I hereby authorize the release of this information to:

Miracle Meadows School, Inc.  
99 Miracle Meadows Drive  
Salem, WV 26426  
(304) 782-3630

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date



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## Official Transcript Request

I hereby authorize the release of an official transcript of your records of \_\_\_\_\_ to:  
Name of Student

Miracle Meadows Schools, Inc.  
Route 1 Box 289-B  
Salem, WV 26426

Thank you.

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

School last attended:

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: (     ) \_\_\_\_\_ Grade of last enrollment: \_\_\_\_\_

Dates Attended: \_\_\_\_\_



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## Healthcare Parental Preference Form

\_\_\_\_\_  
Full Name of Student

\_\_\_\_\_  
Date

My child \_\_\_\_\_ has the following ongoing or recurrent conditions which may need medical attention: \_\_\_\_\_.

Please initial the selection(s) which reflect your desires regarding medical care for your child.

My preference for healthcare for my child is as follows:

- 1. The MMS staff may use their judgment in seeking medical care for my child.
- 2. I want to be called before my child needs to see a doctor.
- 3. I want non-pharmaceutical (drug) treatment such as rest, fluids, and use of hot/cold treatment, or herbal remedies before medical treatment is sought on common, non-emergency conditions.
- 4. I want my child to be seen by a medical doctor for any symptoms: such as runny nose, diarrhea, vomiting, fever, etc.
- 5. My child has demonstrated hypochondriac behaviors and needs to have visits to the doctor screened to rule out attention getting conditions.
- 6. Before any prescribed medication is given or purchased for my child, I would like to be contacted.
- 7. I would like all medication prescribed by a physician including pain medication with a narcotic given to my child as prescribed by the doctor.
- 8. My child is on psychotropic behaviorally indicated drugs for a condition such as: attention deficit, depression, or bipolar. Listed as follows: \_\_\_\_\_
- 9. I understand that Miracle Meadows School works cognitively and behaviorally for an extended period of time with ADD, behavior disorders, depression, etc. before considering pharmacological resolutions. I agree to this approach and acknowledge that my child will be removed from psychotropic medication in the following manner:

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date



# Miracle Meadows School

Address: 99 Miracle Meadows Drive, Salem, WV 26426 | Phone: (304) 782-3630/3628 | Fax: (304) 782-3660  
Email: [info.miraclemeadows@gmail.com](mailto:info.miraclemeadows@gmail.com) | Website: <http://www.miraclemeadows.org>

## Journalism, Photography, Audio & Video Release for Minors

Full Name of Student

Name of Parent or Legal Guardian

Address

City State Zip Code

Phone Number Email

I, Parent/Guardian of the above named student, authorize Miracle Meadows School to include portrayals (photographs, skits, personal narratives, etc.) of my student in journalistic, audio, and video productions in behalf of Miracle Meadows School, Mountain State Academy, Mountain Meadows Media Ministry (4M) and WVBL-LP.

Please write any permission exemptions below:

IN WITNESS WHEREOF I have hereunto set my hand, in the State of:

\_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
State Day Month Year

Parent or Legal Guardian Date

Parent or Legal Guardian Date

Witness Date





## Tuition Assistance

<b>Parent</b>	<b>Date</b>	<b>Student</b>
<b>Street Address</b>		
<b>Telephone Number</b>		<b>Email Address</b>
<b>Enrollment Status</b>	<b>Applying</b>	<b>Enrolled since date</b>
<b>Amount requested</b> \$ _____ monthly		
<b>Name of local Pastor</b>		<b>Telephone Number</b>

- A. Explain clearly the conditions requiring you to request tuition assistance funds:
  
- B. Describe the efforts (or results) you have made to fund-raise the above needed amount. Include activities in areas like seeking financial assistance from: (a) extended family; (b) church family; (c) friends; (d) sale of large items (i.e.: vehicle, RV, property, etc.); (e) taking an extra job; (f) savings.
  
- C. Provide copies of the last 2 years of income tax returns: (W-2, 1040, 1040A, 1040 EZ)
  - a. \_\_\_\_\_ attached
  
- D. List any unusual budgetary demands that impact household finances including amounts (please attach verifying documents).
  
- E. List all additional sources of income not included in C.
  
- F. List any sponsors (church, family, etc.) include names and expected monthly amount.

Your application will be submitted to the Board or its designated committee. Please remember that our staff team joins you in the sacrificial living required for your child to attend Miracle Meadows School. Our staffs receive an average of \$670/per month for their dedicated ministry to our students.

Submit your completed application by fax, email or mail. Fax: (304) 782-3660; Email: [secretary.mms@gmail.com](mailto:secretary.mms@gmail.com); Address: Route 1 Box 289-B, Salem, WV 26426.

Your application will be carefully and prayerfully addressed.

Entrance Fees on a monthly basis	
<b>Full Tuition</b>	<b>2,900</b>
<b>a. Work deductions</b>	<b>(200)</b>
<b>b. Prompt payment</b>	<b>(200)</b>
<b>Amount due if (b) is met</b>	<b>2,500</b>
Adjustments	
<b>Parent's tuition proposal</b>	
<b>Other sponsors (total)</b>	
<b>Total incoming tuitions</b>	
<b>Add work Ed</b>	<b>+ 200</b>
<b>Total agreed tuition monthly</b>	

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**MMS Signature** \_\_\_\_\_ **Date** \_\_\_\_\_