



MONTCLAIR KIMBERLEY ACADEMY

This questionnaire is to be completed by all applicants to grades 4-8. It can be typed or handwritten and please use extra paper as needed.

Legal Name of Applicant _____ Present age _____
(please print)

Name you prefer to be called _____

Check the boxes of the activities you participate in now or would like to get involved in at MKA.

Currently Involved	ATHLETICS	Would Like to Try/Continue at MKA
<input type="checkbox"/>	Baseball	<input type="checkbox"/>
<input type="checkbox"/>	Basketball	<input type="checkbox"/>
<input type="checkbox"/>	Cross Country	<input type="checkbox"/>
<input type="checkbox"/>	Fencing	<input type="checkbox"/>
<input type="checkbox"/>	Field Hockey	<input type="checkbox"/>
<input type="checkbox"/>	Football	<input type="checkbox"/>
<input type="checkbox"/>	Ice Hockey	<input type="checkbox"/>
<input type="checkbox"/>	Lacrosse	<input type="checkbox"/>
<input type="checkbox"/>	Soccer	<input type="checkbox"/>
<input type="checkbox"/>	Softball	<input type="checkbox"/>
<input type="checkbox"/>	Swimming	<input type="checkbox"/>
<input type="checkbox"/>	Tennis	<input type="checkbox"/>
<input type="checkbox"/>	Track/Track&Field	<input type="checkbox"/>
<input type="checkbox"/>	Volleyball	<input type="checkbox"/>
<input type="checkbox"/>	Other(s)	<input type="checkbox"/>

Please specify your level of involvement in each sport.
(ex. I play travel basketball for [blank] team.)

Currently Involved	FINE & PERFORMING ARTS	Would Like to Try/Continue at MKA
<input type="checkbox"/>	Acting	<input type="checkbox"/>
<input type="checkbox"/>	Dancing	<input type="checkbox"/>
<input type="checkbox"/>	Drawing	<input type="checkbox"/>
<input type="checkbox"/>	Film	<input type="checkbox"/>
<input type="checkbox"/>	Jazz Band	<input type="checkbox"/>
<input type="checkbox"/>	Painting	<input type="checkbox"/>
<input type="checkbox"/>	Photography	<input type="checkbox"/>
<input type="checkbox"/>	Private Lessons	<input type="checkbox"/>
<input type="checkbox"/>	Sculpture	<input type="checkbox"/>
<input type="checkbox"/>	Singing	<input type="checkbox"/>
<input type="checkbox"/>	Strings or Concert Band What instrument(s) do you play? _____ How many years have you played? _____	<input type="checkbox"/>
<input type="checkbox"/>	Other(s)	<input type="checkbox"/>

Please specify your level of involvement in each.

Currently Involved	ACTIVITIES & CLUBS	Would Like to Try/Continue at MKA
<input type="checkbox"/>	Arts Club	<input type="checkbox"/>
<input type="checkbox"/>	Community Service	<input type="checkbox"/>
<input type="checkbox"/>	Specify what kind of community service you are involved in _____	<input type="checkbox"/>
<input type="checkbox"/>	Math Competitions	<input type="checkbox"/>
<input type="checkbox"/>	Student Government	<input type="checkbox"/>
<input type="checkbox"/>	Other(s) _____	<input type="checkbox"/>

Please specify your level of involvement in each.

