

School History

School student last attended: _____

School Address: _____ Grade completed: _____

Has your student ever been retained? Yes ___ No ___

Has your student had any disciplinary difficulties? Yes ___ No ___

Has your student had any academic problems? Yes ___ No ___

Has your student been tested for learning disabilities? Yes ___ No ___

Has your student been tested for Attention Deficit Disorder? Yes ___ No ___

Is your student currently taking any type of medication? Yes ___ No ___

List any known allergies:

If you answered Yes to any of the above questions, please explain in the space provided:

Would you permit the school to administer your child the following if needed?

Tylenol: Yes ___ No ___ Pepto-Bismal: Yes ___ No ___ Cough Drops: Yes ___ No ___

Any other medications need to be turned in to the office by a parent and accompanied by a Medical Authorization Form

Student's Interests and Hobbies

Student's Interests and Hobbies:

Do you as a parent / guardian have any skills or hobbies that you would like to share with the school? Please explain?

Emergency Information

In case of emergency, please list a person (adult), other than parent. The person listed has the authority to pick up my child from school.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Physician Name/Number: _____

Commitment

I would like to register my child to attend Marcus Pointe Christian School. I have read the "Statement of Faith" and the "Parent Commitment" form and do not object to my child being taught accordingly. I understand that the registration fee is non-refundable.

Father's Signature

Mother's Signature

Billing Party (if different)

Marcus Pointe Christian School does not discriminate against
race, color, national, or ethnic origin.