

**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 by 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.