

Martins Ferry Christian School

710 S. Zane Highway
Martins Ferry, OH 43935
740-633-0199

Registration Form

Student's name _____

Present address _____
(street) (city, state, zip)

Home phone _____

Birthdate _____ Place _____

Father's (guardian's) name/address/phone no. _____

Mother's (guardian's) name/address/phone no. _____

If child does not live with both parents, with whom does child reside? ** _____

**Please provide a copy of custody papers.

Grade presently in _____ School last attended _____

Reason for changing schools _____

Was applicant ever dropped from school for academic or disciplinary reasons? _____

Is applicant in good health? _____ Any physical disabilities? _____ If yes, please explain _____

Family attends what church? _____

Will you settle accounts promptly? _____

Article of Discipline

In sending your child to Martins Ferry Christian School, do you agree that those in charge of the school shall have full control of pupils and that after every reasonable means shall have been exerted, working with you, to obtain cooperation from the child, and that in the event that cooperation proves impossible, will you consent to a request from the school board to remove the child from school? Yes _____ No _____

Signature _____ Date _____
(Parent/guardian/foster parent/grandparent – **circle one**)

Address _____ Phone _____