

2012/2013

MRBS Student Registration Form

GRADE ENTERING

Choose One:

New Student Returning Student

Choose One:

East Campus (K5 - 12th Grade) Lakeland Campus (K3 & K4) Berclair Campus (K4 - 12th Grade)

Student Information:

Last Name: _____ First Name: _____ Middle Initial: _____
Goes By: _____ Social Security # _____ - _____ - _____ Birth Date: ____/____/____ Age: ____
Please give the specific name of the church where you and your child attend or are members: _____
Does the student attend regularly? ____ Does your family? ____ Pastor's Name: _____
Place of Birth: (City) _____ (County) _____ (State) _____
Gender: ____ Race: ____ Student Email Address: _____ Present Grade Level ____
With whom does the student live? (circle one) Father Mother Both Other: _____ Student's cell # _____

Family Information:

Father's Last Name: _____ Title: _____ First Name: _____
Street Address: _____ Home Phone: _____
City: _____ State: _____ Zip Code: _____
Place of Employment: _____ Position: _____ Work Phone: _____ Ext. ____
Financially Responsible: ____ Yes ____ No Father's Email Address: _____ Cell Phone: _____
Mother's Last Name: _____ Title: _____ First Name: _____
Street Address: _____ Home Phone: _____
City: _____ State: _____ Zip Code: _____
Place of Employment: _____ Position: _____ Work Phone: _____ Ext. ____
Financially Responsible: ____ Yes ____ No Mother's Email Address: _____ Cell Phone: _____

OUR PRIMARY MEANS OF CONTACTING YOU IS THROUGH EMAIL. PLEASE PROVIDE AN EMAIL ADDRESS THAT YOU CHECK REGULARLY.

Name of person(s) legally responsible for this student: _____ Relationship: _____
(Legally responsible party would be a natural parent, custodial parent, adoptive parent, or legal guardian.)
Name of person(s) financially responsible if other than parent(s): _____ Contact #: _____
Grandparents:
Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____
Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____
If the student lives with a step-parent, please list their name: _____
How did you learn about Macon Road Baptist School? _____

Admission Information:

School attended last year: _____ Phone #: _____
Address of the school: _____
Have all financial obligations been fulfilled at the school listed above? ____ Yes ____ No
Has any grade(s) been repeated? ____ If yes, which one(s): _____ Reason: _____
Does the applicant exhibit any kind of rebellious attitude toward parents or any other authority? ____ Yes ____ No

THIS REGISTRATION FORM, THE FINANCIAL AGREEMENT FORM, AND THE REGISTRATION FEE MUST BE RECEIVED BEFORE YOUR STUDENT IS CONSIDERED FOR ENROLLMENT.

Office Use:

Registration Date ____/____/____
Testing Date: _____
Transcripts: _____
Immunization Records: _____

YES NO

- Does the applicant have any significant physical impairment? If so, what? _____
- Has the applicant been previously hospitalized? If so, for what? _____
- Is the applicant allergic to anything? If so, what? _____
- Has the applicant had or does the applicant have any major disease? If so, what? _____
- Has the applicant had any operations? If so, what? _____
- Is the applicant under the care of a doctor? If so, for what reason? _____
- Has the applicant ever been treated for any nervous, mental, or emotional disorder or seen by a psychologist? If so, explain.

- Has the applicant ever used dangerous or illegal drugs? If so, what? _____
- Has the applicant ever used any form of tobacco or alcoholic beverages?
- Has the applicant ever been expelled, dropped, suspended or administratively removed by any school?
- Does the applicant have any physical, emotional, or mental handicaps which may affect activities or progress? If so, explain.

- Has the applicant had any type of therapy or tutoring? If so, please explain. _____
- Does the applicant have any documented learning disability? If so, please elaborate: _____
- Has the applicant ever had an IEP?
- Would you be interested in our ROCK (resource) program for students with documented learning disabilities?
- Does the applicant have a desire to attend our school?
Reason for leaving current school: _____

Emergency/Medical Information:

1st Emergency Contact (Person not already listed): _____ Relationship: _____
Home: _____ Cell: _____ Work: _____

2nd Emergency Contact (Person not already listed): _____ Relationship: _____
Home: _____ Cell: _____ Work: _____

Family Physician: _____ Office #: _____ Emg #: _____ Hospital: _____

Important Medical Information Concerning Your Child: _____

Medicines/Dosages: _____

Our Agreement Together

I agree to support the school's academic standards and codes of Christian conduct. I also agree to provide a place at home for my student to study and give encouragement in the completion of homework and assignments.

I recognize that for my student to make good progress in his/her work, it is essential that he/she have confidence in his/her teacher and the school. Therefore, I will do all in my power to see that my student respects and obeys the school staff and standards. I agree that if my student should become involved in any difficulty with other children, teachers, or staff in the school, I will refrain from complaining to any persons but with prayerful Christian spirit will register complaints with the teacher or principal. I agree to support and uphold the principles, practices, and educational policies of the school in every way.

I, the undersigned, individually and on behalf of my student, acknowledge that the student will be attending the school and using the facilities of the school at his/her own risk. I, on my own behalf, hereby release, discharge and agree to indemnify Macon Road Baptist Church, Macon Road Baptist School, and their directors, officers, employees, and volunteer personnel from all liabilities for damage or injury to or illness of the student or his/her property during his/her attendance at or travel to or from the school as a student, excepting only such liabilities resulting from or arising out of willful actions or gross negligence as determined by a court of competent jurisdiction. I understand that Macon Road Baptist School will collect all monies I owe to the school before any records will be released for student transfer. (See Financial Agreement Form.)

This statement of cooperation will be in effect for as long as my student attends Macon Road Baptist School.

Father's Signature _____ Date _____

Mother's Signature _____ Date _____