

MCS APPLICATION SCHOOL YEAR \_\_\_\_\_ REFERRED BY \_\_\_\_\_

MIDDLETOWN CHRISTIAN SCHOOLS  
3011 N. Union Rd  
Franklin, OH 45005  
Phone: 513/423-4542  
[www.mcseagles.net](http://www.mcseagles.net)

|                          |                  |                |
|--------------------------|------------------|----------------|
| <b>FOR OFFICE USE</b>    |                  |                |
| Date: _____              | Returning: _____ | New: _____     |
| Total Received: \$ _____ |                  |                |
| Cash: \$ _____           | Check: \$ _____  | Check #: _____ |

|                 |
|-----------------|
| Full-Time _____ |
| Part-Time _____ |
| Helping _____   |
| Hands _____     |

**Payment of non-refundable registration fee  
must accompany all applications.  
"If ALL information is not completed, application will be returned."**

|   |
|---|
| Ed Choice /<br>Peterson<br>Scholarship<br>_____ |
|---|

Student's Name: \_\_\_\_\_ Grade Entering: \_\_\_\_\_ K: All Day \_\_\_\_\_ AM \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Student Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email: (Parent) \_\_\_\_\_ Email: (Student) \_\_\_\_\_

Sex:  M  F Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Student SSN#: \_\_\_\_\_

Race: Caucasian: \_\_\_\_\_ African/American: \_\_\_\_\_ Asian/Pacific: \_\_\_\_\_

Hispanic: \_\_\_\_\_ American Indian/Alaskan Native: \_\_\_\_\_ Multi-racial: \_\_\_\_\_

School District Where You Reside: \_\_\_\_\_

School District

Name of School Bldg. Within District

**If student did not attend MCS previous year, give name, address and report card from previous school:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Has student ever been dismissed or suspended from school, denied admission to any school, or requested not to return to any school in which enrolled? Yes  No  **If yes, please attach explanation.**

Has student been identified as having a learning or speech issue? Yes  No

**If yes, please include a copy of the ETR / IEP.**

**Billing Information:** Name: \_\_\_\_\_ Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone \_\_\_\_\_

**PARENT/GUARDIAN/CUSTODIAN INFORMATION**

Father: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Address Phone

Mother: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Address Phone

Stepparent With Whom Student Resides: \_\_\_\_\_

Stepparent's Employer: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Work Phone Cell Phone

Father's Employer: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Work Phone Cell Phone

Mother's Employer: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Work Phone Cell Phone

**Home Church:** \_\_\_\_\_ **Address:** \_\_\_\_\_

Church Phone: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

**PLEASE COMPLETE REVERSE SIDE OF APPLICATION**

# Application for Admission

## II. Permissions and Waivers

- A. In signing this Parental Commitment Form, we give permission for our child to take part in all school activities, including sports events, practices and school-sponsored trips away from the school premises. Further, in event my child becomes ill or injured while under school supervision, we authorize the school authorities to take the following steps: a) contact a parent of the student and follow his instructions; b) in the event neither parent can be reached, contact the student's physician and follow his instructions; c) if the student's physician cannot be reached, to contact, in their own discretion, a licensed practicing physician and to follow his instructions.
- B. We release Grace Baptist Church/Middletown Christian Schools, its Board of Trustees, School Board, employees, agents and representatives from any claim we may have resulting from any illness or injuries sustained by our child while under school supervision whether at school or away from school premises. We further agree to hold harmless Grace Baptist Church/Middletown Christian Schools, its Trustees, School Board, employees, agents and representatives from any injury or damage which may be caused by our child.

## III. Statement of Cooperation

- A. Our personal acceptance of and commitment to Jesus Christ as Lord and Savior.
- B. Our commitment to participate in the Christian education of our son or daughter with regular attendance at a Bible-believing church as a family and by exemplifying Christian principles of life in our home.
- C. Our commitment to the Statement of Faith of Middletown Christian Schools and our agreement with the school's efforts to train our child in the Bible and will encourage our child in this and in all other phases of the curriculum.
- D. Our commitment to honor the policies of Middletown Christian Schools as stated in this document and in the school Handbook.
- E. Our commitment to give beyond our tuition as God enables.
- F. Our commitment to attend all parent meetings and to lend our support to the program.
- G. Our commitment to invest authority in the agents of the school to make and enforce school regulations and policies and to discipline our child as necessary.
- H. Our commitment to agree that if our child should become involved in any trouble or we disagree with any policy set by the school, we will in no case complain to any other party and, in the spirit of meekness, will register only necessary complaints with the teacher or the principal involved (Matthew 18:15-17; Galatians 6:1-2).
- I. Our agreement that should any legal action, for any reason, be taken against Grace Baptist Church/Middletown Christian Schools, any employee or agent thereof on my child's behalf, and the church/school or its agent not be found at fault, to pay any attorney fees, damages or other costs that Grace Baptist Church/Middletown Christian Schools should incur to defend itself against such action.
- J. Our understanding that our child's attendance at Middletown Christian School is a privilege and not a right; and that if at any time his/her conduct, academic progress or cooperation with the school's authorities is not in keeping with the school's requirements, the school reserves the right to terminate, **at its discretion**, my child's enrollment.
- K. Our agreement that if the student is voluntarily withdrawn or is requested to withdraw by the school, no refund of fees will be made and tuition will be prorated.

I have carefully read the Permissions and Waivers and Statement of Cooperation and agree to abide by them. Signature of **both** parents or **sole** guardian required.

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Signature of Father/Sole Guardian

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Signature of Mother

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Date