



Application for Admission

Mayfair Christian School

A Christian K-9 School Established in 1911 • Teaching Minds • Reaching Hearts
www.mayfairchristianschool.org • office@mayfairchristianschool.org

2350 Graybill Rd, Uniontown, OH 44685 • Phone: 330-896-3184 • Fax: 330-896-0703

STUDENT INFORMATION

School Year	Grade	School Year	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name _____
Last First Middle

Birth Date ____/____/____ Age ____ SS# ____-____-____ Birthplace _____

Phone Number _____ Gender: Male _____ Female _____

Address _____
Street City State Zip

Ethnicity (required for State of Ohio reporting purposes only):

African-American Asian Bi-racial Caucasian Hispanic Indian Middle Eastern Native American Other

Current School _____ # of Years _____

MOTHER/GUARDIAN INFORMATION

Name _____
Last First Title (Mr. Mrs. Ms. Dr.)

Relationship to Student _____ Email _____

Address (If different than student) _____
Street City State Zip

Phone _____
Home Cell Work

Occupation _____ Company _____

Send school mail (newsletters, report cards, etc.)? Yes No

Spouse Name _____

FATHER/GUARDIAN INFORMATION

Name _____
Last First Title (Mr. Mrs. Ms. Dr.)

Relationship to Student _____ Email _____

Address (If different than student) _____
Street City State Zip

Phone _____
Home Cell Work

Occupation _____ Company _____

Send additional copies of school mail (newsletters, report cards, etc.)? Yes No

Spouse Name _____

STEP-PARENT INFORMATION

Name _____
Last First Title (Mr. Mrs. Ms. Dr.)

Relationship to Student _____ Email _____

Address (if different than student) _____
Street City State Zip

Phone _____
Home Cell Work

GRANDPARENT INFORMATION

MCS would like to communicate with your student's grandparents regarding our annual Grandparent's Day and other special events (awards, ceremonies, commencement, etc.) that your student may participate in.

Grandparent's Names _____ Parent Teacher Conferences? Yes No

Address City State Zip

Grandparent's Names _____ Parent Teacher Conferences? Yes No

Address City State Zip

FAMILY LIFE

Student lives with _____

Parents are: Married Separated Divorced Never Married Father Deceased Mother Deceased

Names of siblings in family, date of birth, and school they attend _____

Does your family attend church? Weekly 2-3 times/month infrequently does not attend

Name of Church _____ Denomination _____

Are parents current members? Yes No Pastor's Name _____

ADMISSION INFORMATION

School last attended _____

Address _____
Street City State Zip

Phone _____ Principal _____

Reason for leaving school _____

Has any grade been repeated? Yes No If yes, which grade? _____ For what reason? _____

Has your student ever had an IEP or 504 Plan? Yes No

Does your student have a history of physical or emotional conditions, or a learning disability that required professional attention or which may require special attention at MCS? (explain) _____

References

Name Address Phone
Name Address Phone
Name Address Phone

Public School student would attend _____ District _____ County _____

TRANSPORTATION

Public bus transportation (Green School District) I will be transporting my child. I will be participating in car pooling.
The following individuals are allowed to transport my child. _____

FINANCIAL INFORMATION

Who will be responsible to pay the tuition bill? _____

Are you interested in receiving an application for financial aid? Yes No

All financial aid requests will be processed through MCS.

PERMISSION

Do you grant permission to print your family's address and phone number in our student directory/yearbook? Yes No

Do you grant permission to print your student's photograph in MCS publications? Yes No

Do you grant permission to use your child's photograph on our website? Yes No

PARENT/GUARDIAN STATEMENT OF COMMITMENT TO MAYFAIR CHRISTIAN SCHOOL

1. We desire to place our child at MCS.
2. We recognize MCS's role as a partner in the proper training of our child.
3. We will actively support MCS, verbally and by our actions in any interaction with our child.
4. We will acquaint ourselves with the standards, codes, policies, and rules of conduct at MCS and do our best to see that our child comes to school each day prepared to honor them.
5. We understand that it is primarily our responsibility to assure that our child behaves in the class and follows the school rules, policies, and guidelines. The teacher will maintain order and correct minor disruptions and behavioral concern. If that proves insufficient, we agree to take whatever steps are required to resolve the disciplinary issues or concerns with our child.
6. In the event of any teacher-related disputes or concerns, we agree to deal personally with the teacher, with the Principal, and then if necessary, the MCS Board, respectively. In any event, we agree to keep all such disputes between ourselves and the teacher or any concerned parties.
7. We understand that MCS is operated by the Seventh-day Adventist Church and the Ohio Conference of Seventh-day Adventist. Additionally, we understand the MCS conducts its academic programs, etc. in accordance with the standards and principles of said organizations and the State of Ohio.

Mother/Guardian Signature _____ Date _____

Father/Guardian Signature _____ Date _____

Mayfair Christian School admits students of any race, national or ethnic origin, and Christian denomination to all the rights, privileges, programs, and activities generally available to students at the school.

For Office Use Only:			Date Received: _____
Application Fee: \$ _____	CK # _____	Date: _____	Sibling(s) <input type="checkbox"/> Yes <input type="checkbox"/> No
Registration Fee: \$ _____	CK # _____	Date: _____	Date Accepted: _____