

Today's Date \_\_\_\_\_

FOR OFFICE USE ONLY

**\$75 Non-refundable registration fee required.**  
**After March 15th, Registration fee is \$100**

Date Received \_\_\_\_\_  
Time \_\_\_\_\_  
Cash or Check # \_\_\_\_\_



**Oak Grove Christian School Application for Enrollment**  
**535 BF Goodrich Road, Marietta 740-336-5041**  
**PLEASE PRINT COMPLETE FRONT AND BACK**

Child's Full Name: \_\_\_\_\_  
Last First Middle Answers to

Child's Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Male  Female   
Month Day Year

Oak Grove Christian School requires that a child be 1) completely potty trained and 2) 3 years old by Aug 1st to attend the Thur-Fri preschool class or 4 years old by Aug 1st for the Mon-Tue-Wed K-4 class.

3-Year-Old Class  4/5-Year Old Class  Kindergarten  First Grade   
Second Grade  Third Grade  Fourth Grade

Oak Grove Christian School cannot guarantee placement. However, please indicate if you have a preference.  
**(preschool classes only)** AM  PM  Full Day  Full Week (K4 only)

**PARENT/GUARDIAN #1**

Name \_\_\_\_\_ Home Phone ( ) -  
Home Address \_\_\_\_\_ Cell Phone ( ) -  
City/State/Zip \_\_\_\_\_ Lives with student?  Y  N  
Email Address \_\_\_\_\_  
Relation to Student \_\_\_\_\_  
Employer/Occupation \_\_\_\_\_ Work Phone ( ) -

**PARENT/GUARDIAN #2**

Name \_\_\_\_\_ Home Phone ( ) -  
Home Address \_\_\_\_\_ Cell Phone ( ) -  
City/State/Zip \_\_\_\_\_ Lives with student?  Y  N  
Email Address \_\_\_\_\_  
Relation to Student \_\_\_\_\_  
Employer/Occupation \_\_\_\_\_ Work Phone ( ) -

Other than parents, CHILD WILL BE RELEASED ONLY TO PERSONS INDICATED BELOW. (Must include at least TWO local persons to call for illness, accident, late pick-up, or other emergencies.) Please list them in the order of preference for us to contact.

Name \_\_\_\_\_ Home Phone ( ) -  
Home Address \_\_\_\_\_ Cell Phone ( ) -  
City/State/Zip \_\_\_\_\_ Work Phone ( ) -  
Relation to Student \_\_\_\_\_

Name \_\_\_\_\_ Home Phone ( ) -  
Home Address \_\_\_\_\_ Cell Phone ( ) -  
City/State/Zip \_\_\_\_\_ Work Phone ( ) -  
Relation to Student \_\_\_\_\_

Name and ages of other children in the family \_\_\_\_\_

Has your child attended preschool before?  Y  N If Yes, where? \_\_\_\_\_

Does your child have any special physical conditions or allergies we should be aware of?  Y  N