



STUDENT INFORMATION

REGISTRATION FOR ADMISSION TO GRADE _____, SCHOOL YEAR _____

Student Name: _____
LAST FIRST MIDDLE

Gender: Male Female Birthdate _____ Birthplace _____

Parents' Names: _____
LAST FIRST MIDDLE

_____ LAST FIRST MIDDLE

Home Address: _____
STREET CITY/STATE/ZIP

Home Phone: _____ Alternate Phone: _____

Primary email: _____ Secondary email: _____

PRESENT SCHOOL INFORMATION

School Name: _____ Grades Attended: _____

Address: _____
STREET CITY/STATE/ZIP

SIBLING INFORMATION

| NAME | BIRTHDATE | AGE | GRADE | GENDER | SCHOOL ATTENDED |
|------|-----------|-----|-------|--------|-----------------|
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SIGNATURE: _____ **DATE:** _____

Use the back of this form for any additional comments you may have. Please return this form with a \$35 registration fee to: **The McGuffey Foundation School, P.O. Box 502, Oxford, OH 45056**

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