



FAMILY APPLICATION
 for admission to
CONESTOGA CHRISTIAN SCHOOL
 2760 Main Street, Morgantown, PA 19543
 Phone: 610-286-0353 FAX: 610-286-0350
www.conestogachristian.org

For Office use only

Date Received: _____
 Interview: _____
 Reply Date: _____
 Decision: _____

Father/Guardian Name _____

Place of Employment _____

Bus. Phone (____) _____ Occupation _____

Mother/Guardian Name _____

Place of Employment _____

Bus. Phone (____) _____ Occupation _____

Family Address _____ City _____ State _____ Zip Code _____

Home Phone (____) _____ Cell Phone (____) _____

E-mail _____

School District of Residence _____

Township _____ County _____

We would like to enroll the child(ren) listed below to begin (month) _____ (year) _____

*Please circle the name the child responds to or write in the name used.

*First Name				
Middle Name				
Last Name				
Grade to enter (Kindergarten - see below)				
Birth date				
Special interests and abilities				

If applying for Kindergarten: please indicate first, second and third choice of Kindergarten schedule: Full day Half day Flex day

Names and birth dates of all other preschool and school-age children in the family:

If you are not applying for the admission of all your children of school age, please explain.

Name, address, and phone number of all schools previously attended. Include GRADES of attendance.

Have any of the applicants repeated a grade? No Yes

Name(s) _____ Grade(s) repeated _____

Do any of the applicants have an IEP? No Yes Name(s) _____

Comments: _____

Have any of the applicants ever received special services from another school? No Yes

Name / Service _____

Comments _____

Are psychological records available for any of the applicants? No Yes

Name: _____

Have any of the applicants been in disciplinary difficulty, placed on probation, suspended, or expelled? No Yes

If yes, please explain _____

Marital status of parents: Married Widowed Single Separated/ Divorced

Student resides with: Parents Mother Father Other _____

Statement of Personal Faith in Jesus Christ and Christian Experience:

Father/Guardian _____

Mother/Guardian _____

Name of church Father/guardian attends _____
Address _____
Pastor _____ Phone (____) _____

What church services and meetings do you regularly attend? _____

(If different from above)

Name of church Mother/guardian attends _____
Address _____
Pastor _____ Phone (____) _____

What church services and meetings do you regularly attend? _____

Please give a reference for your family. (Other than a family member.)

Name _____ Phone (____) _____
Relationship _____
Address _____

State in detail why you want your child(ren) to attend Conestoga Christian School.

We learned of Conestoga Christian School through (please check all that apply):

- Radio Church Friends Newspaper Mailings to our home
 Driving by Website Other: _____

Was there any person or family from CCS that influenced your decision to come to our school?

No Yes

If yes, who? _____

ATTACH A COPY OF EACH CHILD'S MOST RECENT GRADE REPORT AND STANDARDIZED TEST REPORT.

My signature below verifies that the information on this application is complete and accurate and gives permission for Conestoga Christian School to contact references given.

Signed: Father/Guardian _____ Date _____

Mother/Guardian _____ Date _____