Red Lion Christian School 105 Springvale Road Red Lion, PA 17356 717-244-3905 redlionchristianschool.org



| Office Use     |                |  |  |  |  |
|----------------|----------------|--|--|--|--|
| App. Fee       | Book Agreement |  |  |  |  |
| Physical       | Report Card    |  |  |  |  |
| Dental         | Transcript     |  |  |  |  |
| S.O.C          | Up to Date     |  |  |  |  |
| Release of Rec |                |  |  |  |  |

"Education with an Eternal Emphasis"

## **Student Application for Admission**

|               | Application Date _         | //            | This Application                  | on is for:     |                  |              |
|---------------|----------------------------|---------------|-----------------------------------|----------------|------------------|--------------|
|               | Pre-School                 | Kindergarten  | 1 <sup>st</sup> -12 <sup>th</sup> | Grade Applying | g for Last Grade | Completed    |
|               |                            |               | <u>PLE</u> A                      | SE PRINT       |                  |              |
| STUDEN        | IT INFORMATIO              | <u>N</u>      |                                   |                |                  |              |
|               | ll Name:                   |               |                                   |                |                  |              |
|               | 2:                         |               |                                   |                |                  |              |
| Address:      |                            |               |                                   |                |                  |              |
| City          |                            | State         | Zip                               |                | _                |              |
| School Dis    | strict:                    |               | Home                              | e Phone:       |                  |              |
| Name of S     | School Child Prese         | ntly Attends: |                                   |                |                  |              |
| For K5 on     | <u>ly</u> : Child will be: | Full Day      | Half Day _                        |                |                  |              |
|               |                            |               |                                   |                |                  |              |
| <u>FAMILY</u> | INFORMATION                |               |                                   |                |                  |              |
| Father's N    | lame:                      |               |                                   | Cell Phone: _  |                  |              |
| Address:      | (if different)             |               |                                   |                | Email:           |              |
| Employer      | :                          |               |                                   |                | Work Phone:      |              |
| Employm       | ent Address:               |               |                                   |                |                  | <del></del>  |
| Mother's      | Name:                      |               |                                   | _ Cell Phone:  |                  | <del> </del> |
| Address:      | (if different)             |               |                                   |                | Email:           |              |
| Employer      | :                          |               |                                   |                | Work Phone:      |              |
| Employm       | ent Address:               |               |                                   |                |                  | <del></del>  |
| Parent's N    | Marital Status: Ma         | rried W       | idow                              | Divorced       | Remarried        | Separated _  |
| Does child    | d live with both pa        | rents? If no  | t, indicate w                     | vith whom the  | child lives:     |              |
| Other chil    | ldren in the family        | :             |                                   |                |                  |              |
| Name(s)       |                            |               | Age                               | School         |                  |              |
|               |                            |               | Age                               | School         |                  |              |
|               |                            |               | Age                               | School         |                  |              |

## **MEDICAL INFORMATION**

doctor. Please furnish the following information. Phone: Name of Doctor: \_\_\_\_\_ List any allergies or restrictions: CHURCH INFORMATION Church Attending: Pastor's Name: SCHOLASTIC & DISCIPLINARY INFOMATION Has your child ever been dismissed, suspended, or refused admission/reenrollment to another school? If yes, explain: Has your child ever had any disciplinary difficulties? \_\_\_\_\_ If yes, explain: Has your child ever been moved ahead or held back a grade in school? \_\_\_\_\_ If yes, explain: \_\_\_\_\_ Is your child currently following an I.E.P. at their present school? If yes, explain: Has your child ever been diagnosed with a learning disability? \_\_\_\_\_ If yes, explain: How did you hear about Red Lion Christian School? By signing below, I am acknowledging that I have read the school handbook and agree to uphold the school's policies in all matters discussed therein and to have my child/children trained in accordance with these spiritual, academic and disciplinary guidelines. Father's signature: \_\_\_\_\_ Date: \_\_\_\_\_ \_\_\_\_\_ Date: \_\_\_\_ Mother's signature:

In case of an emergency requiring a doctor's care and neither parent can be reached, we will contact your family

A Ministry of **Red Lion Bible Church** 105 Springvale Rd., Red Lion, PA 17356 717-244-3905

