

ADDITIONAL STUDENT APPLICATION

A separate application is required for EACH additional student

Conestoga Christian School

2760 Main Street, Morgantown, PA 19543

610-286-0353 FAX 610-286-0350

www.conestogachristian.org

For Office Use only

Received: _____ Interview _____

To DAR : _____ Decision: _____

T & A _____ Call to family _____

1. _____
(First Name) (Middle Name) (Last Name)

Nick name – name student prefers to be addressed by: _____

Student's Birth Date: ____/____/____ School District of residence _____

Applying for the school year: ____ / ____ Applying for grade: _____

If applying for Kindergarten, check your preference from the three below

_____ Five Half days

_____ Five Full days

_____ Flex: Three half days (MWF) & two full days (TTh)

2. Father's Name _____ Cell phone (____) _____

Occupation _____ Bus. Phone (____) _____

Place of Employment _____

Mother's Name _____ Cell phone (____) _____

Occupation _____ Bus. Phone (____) _____

Place of Employment _____

3. Family Address _____

Home Phone (____) _____

Household E-Mail _____ (please do not publish ____)

4. List names and birth dates of all preschool and school age children who are not attending Conestoga Christian School.

_____	_____
_____	_____
_____	_____

5. List applicant's special interests and abilities.

6. If applying for grades 1-12, list the name, address, and phone number of schools previously attended, and attach the student's most recent report card. List the name of the applicant's guidance counselor, if applicable. Please indicate if the student repeated a grade (list name and grades repeated).

7. Students applying for grades 6-12 must also submit two reference forms: one from a pastor; one from another adult (non-family member). Those forms are available on the website or from the Development Office.
8. Students applying for grades 9-12 must also submit a Student Application form available on the website or from the Development Office.
9. Prior to enrolling, ALL applicants MUST present an original birth certificate.
(A photocopy will be taken and kept on file at the school.)

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- Yes  No  We have received and read the Christian Philosophy of Education and the Parent/Student Handbook.  
 Yes  No  We agree with and are willing to support the policies and procedures of Conestoga Christian School, and we are willing to have our child(ren) educated in accordance with them.

**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 \_\_\_\_\_