

Freedom Christian Schools Enrollment Application Form

Enrollment Application fee is \$50.00 and must accompany this form in order to be processed. This fee is non-refundable.

Student Information:

Student's Name _____ Sex ____ Date of Birth _____ Age _____

Home Address _____ City _____ State _____ Zip _____

Tel. # (____) _____ Birth Place _____ Social Security # _____
(City) (State)

Grade for which student is applying _____ School Year _____

PA. School District in which you reside _____ Certain Pennsylvania School Districts will provide transportation for students in grades K-12. Please check if you will need bus transportation for your child(ren). ____ YES ____ NO

If you are applying for Grades 1-12 please complete this section:

School last attended _____ Dates of attendance ____ through ____

Does your child have any learning disabilities? ____ Yes ____ No If yes, please explain. _____

Has your child repeated or skipped any grade(s)? ____ Yes ____ No If yes, state grade(s) and reason. _____

Has your child ever had any disciplinary difficulty in school? ____ Yes ____ No If yes, explain briefly. _____

Has your child ever been suspended or expelled from school? ____ Yes ____ No If yes, state the reason. _____

If you are applying for 3 or 4 year old Pre-School please complete this section:

What are your child's play interests? _____

Ages of playmates? _____

What pets are in your home? (Please list names) _____

Does your child have any specific fears?

How do you handle them?

Have there been any recent changes that may affect your child's adjustment to pre-school? (birth/death, move, separation or divorce, etc.) _____

Has your child participated in an organized group (playgroup, sports, etc.) _____

How did your child handle this experience? _____

Is your child independent with bathroom self-help skills? ___ If not, what type of assistance is needed?

Does any family member have an occupation or hobby that they would be willing to share with the class or school? Please specify?

Family Information:

Father/Guardian Name _____ Mother/Guardian Name _____

Home Address _____ Home Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Home Telephone # _____ Home Telephone # _____

Marital status: ___ Married ___ Widowed ___ Separated ___ Divorced ___ Unmarried

If separated or divorced, which parent is legally responsible for child? ___ Father ___ Mother

Father/Guardian Occupation _____ Mother/Guardian Occupation _____

Employed by _____ Employed by _____

Business Tel. # (____) _____ Business Tel. # (____) _____

Names of all children in the household / birthdate

- 1. _____ / _____ 3. _____ / _____
- 2. _____ / _____ 4. _____ / _____

Church your family attends _____

How did you learn of Freedom Christian Schools?

Why do you want your child(ren) to attend Freedom Christian Schools?

Health Questionnaire:

Please answer the following questions to the best of your ability. This is not a comprehensive health survey, but a questionnaire designed to let us know general facts about your child's health and well being.

Does your child have any disabilities or impairments about which we should be aware? Examples include eyeglasses, hearing aids, motor skills limitations, severe speech impediment, etc. ___Yes ___No If yes, list here, along with any explanation you wish to provide.

Does your child have any known allergies? ___Yes ___No If yes, list here, indicating briefly and medication your child takes to control allergic reactions. _____

Does your child have any medical conditions which we should be aware of? ___Yes ___No If yes, please explain

Does your child routinely take medication for any reason not covered above? ___Yes ___No If yes, please explain.

Has your child been routinely immunized against typical childhood diseases? ___Yes ___No If no, please explain.

I have answered all the questions in this enrollment application to the best of my ability. To my knowledge, each answer is truthful and accurate.

Signed: Father / Guardian _____ Date

Signed: Mother / Guardian _____ Date

Parent's e-mail address _____

If you are in need of another application, please contact the school office or you may make a photocopy.

An acceptance letter will be sent within one week of receipt of enrollment application, stating that your child(ren) has a reserved space or if necessary placed on a waiting list.