

**To be
completed
for students
applying for
grades
PK – 5 only**

ELEMENTARY APPLICATION
JOHNSTOWN CHRISTIAN SCHOOL
 125 Christian School Road
 Hollsopple, PA 15935
 Phone: 814.288.2588 Fax: 814.288.1447
www.johnstownchristianschool.org



FAMILY NAME: _____

STUDENT INFORMATION:

Name _____ Gender Male Female
 Home Address _____
 City _____ State _____ Zip Code _____
 Home Phone _____ Date of Birth _____

Father/Guardian Name _____

Mother/Guardian Name _____

Parents are: Married Separated Divorced Mother/Father Deceased

Student(s) reside with _____

School District of Residence _____

Applying for: Preschool* PK 3 PK 4 Kindergarten 1st 2nd 3rd 4th 5th 6th

**If applying for Preschool, please indicate your choice of: Full day Half day*

List all schools or preschools previously attended. Include GRADE LEVEL of attendance.

School Name	Location	Phone	Grades Attended

Names and birth dates of all other preschool and school-age children in the family, where they currently attend school and current grade.

Sibling	Birth date	Current School	Grade

Any special concerns we need to be aware of regarding incoming student: _____

