



FAMILY APPLICATION
For admission to
JOHNSTOWN CHRISTIAN SCHOOL

125 Christian School Road
Hollisopple, PA 15935
Phone: 814.288.2588 Fax: 814.288.1447
www.johnstownchristianschool.org

Office Use Only

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

FATHER/GUARDIAN NAME _____
Place of Employment _____ Occupation _____
Home Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Cell Phone _____
E-mail Address _____

MOTHER/GUARDIAN NAME _____
Place of Employment _____ Occupation _____
Home Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Cell Phone _____
E-mail Address _____

Parents are: Married Separated Divorced Mother/Father Deceased

Student(s) reside with _____

School District of Residence _____

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

	1st Child	2nd Child	3rd Child	4th Child
First Name*				
Middle Name				
Last Name				
Grade to Enter**				
Birth Date				
Special interests and abilities				

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

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

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

Student Name	School Name	Location	Phone	Grades Attended

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 _____

Have any of the applicants been in disciplinary difficulty, placed on probation, suspended, or expelled?

No Yes If yes, please explain _____

Statement of Personal Faith in Jesus Christ and Christian Experience:

Father/Guardian _____

Mother/Guardian _____

Name of church Father/Guardian attends _____
Address _____
Pastor _____ Phone _____

(If different than above)
Name of church Mother/Guardian attends _____
Address _____
Pastor _____ Phone _____

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 Johnstown Christian School. _____

We learned of Johnstown 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 Johnstown Christian School that influenced your decision to come to our school?
 No Yes If yes, who? _____

Additional Requests:

- 1) Attach a copy of each child's most recent grade report and standardized test report.
- 2) Attach a recent family picture.
- 3) \$50.00 Application Fee

My signature below verifies that the information on this application is complete and accurate and that we are in agreement with the Johnstown Christian School statement of faith and the school policies provided in the admission packet.

Father/Guardian Signature

Date

Mother/Guardian Signature

Date