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

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) _______

<table>
<thead>
<tr>
<th></th>
<th>1st Child</th>
<th>2nd Child</th>
<th>3rd Child</th>
<th>4th Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name*</td>
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<tr>
<td>Middle Name</td>
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<tr>
<td>Last Name</td>
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<tr>
<td>Grade to Enter**</td>
<td></td>
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<tr>
<td>Birth Date</td>
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<tr>
<td>Special interests and abilities</td>
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</tbody>
</table>

* 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.

<table>
<thead>
<tr>
<th>Student Name</th>
<th>School Name</th>
<th>Location</th>
<th>Phone</th>
<th>Grades Attended</th>
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<tbody>
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</tbody>
</table>

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