

**To be
completed
by students
applying for
grades
6 – 12 only**

**SECONDARY APPLICATION
(CONFIDENTIAL)**

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



I. STUDENT INFORMATION:

Name _____ Gender Male Female
 Home Address _____
 City _____ State _____ Zip Code _____
 Applying for Grade (7 - 12) _____ To Enter (month/year) _____
 Home Phone _____ Date of Birth _____

II. ACADEMIC INFORMATION:

Course of study in high school (grades 9 – 12 only): College Prep General
 Do you plan to continue in JCS until graduation? Yes No Uncertain

List the subjects you have successfully completed in each grade and the final grade earned.

| 6 th Grade | | 7 th Grade | | 8 th Grade | |
|-----------------------|-------|-----------------------|-------|-----------------------|-------|
| Subject | Grade | Subject | Grade | Subject | Grade |
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| 9 th Grade | | 10 th Grade | | 11 th Grade | |
|-----------------------|-------|------------------------|-------|------------------------|-------|
| Subject | Grade | Subject | Grade | Subject | Grade |
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What subjects do you enjoy most? _____

Have you ever repeated a grade? No Yes If yes, please explain _____

Do you have any difficulties with school that we should know about? _____

Have you ever had any serious discipline problems, been suspended or expelled from school?

No Yes If yes, please explain _____

III. SPIRITUAL INTEREST:

Name of church you attend _____

Are you active in a youth group? Yes No

Do you have a personal relationship with God? Please describe that relationship. _____

State in your own words why you want to attend JCS. _____

I promise to respect those in responsible positions, to honor and comply with the policies and scheduled routine of the school, to responsibly assume my obligations academically, and to promote and contribute to the program of Johnstown Christian School.

Student's Signature

Date