



Pequea Christian School

115 Blank Road, Narvon, PA 17555
717.442.7902 | secretary@pequea.org

NEW STUDENT APPLICATION

Child's Full Name _____ Age _____

Birthdate ____/____/____ Parents _____

Grade applying for _____ Gender _____ Birthplace (city & state) _____

Current Address _____

Phone _____ School District _____ Township _____

Church family attends _____

Has child accepted Christ as personal Savior? _____ Is child a church member? _____

Last School Attended (if applicable) _____

Address of last school attended _____

Has child ever been dropped from school for any reason? _____

Has child ever failed a grade? _____ If yes, specify which grade _____

What was the reason for failure? _____

Does child have any physical or mental handicap which may affect activities or progress that should be known by the principal or teacher? _____ If yes, explain fully:

What special abilities or interests does this child have (*physical, mental, artistic, musical, hobbies, etc.*)?

Use the space below to provide any additional information you feel would be helpful to your child's teacher. _____

School Use Only

Interview Date: _____ Present: _____

Accepted Rejected Comments: _____

_____ Date Acceptance Packet Sent: _____