FOR OFFICE USE ONLY: Date received _____
_____Registration Fee _____Interview
_____Acceptance Letter

HOMESCHOOLING APPLICATION
Quakertown Christian School

50 E. Paletown Road
Quakertown, PA 18951

APPLICATION FORM

**The Registration Fee must accompany this application for us to proceed with enrollment.*

I. Student Information

Date _____

Name _____ _____
Last First Middle Sex

Address _____
Street City State Zip

Phone (___) _____ Emergency Phone _____

Birthdate _____ Birth Place _____

School attended during previous year _____

Address _____ Teacher _____

Grade Entering _____ Grade Last Attended _____ Any Grade Repeated _____

Ever dismissed, suspended, or disciplined in any school? _____

If yes, explain _____

II. Family Information

	Father	Mother
Full Name & Intial	_____	_____
U.S. Citizen (yes, no)	_____	_____
Education (last grade completed)	_____	_____
Religious Denomination	_____	_____
Marital Status	_____	_____
Occupation	_____	_____
Employer	_____	_____
Employer Address	_____	_____
Employer Phone	_____	_____