



BRYN ATHYN CHURCH SCHOOL

600 Tomlinson Road, Box 277  
Bryn Athyn, PA 19009  
215-947-4086. fax- 215-938-1871

**APPLICATION FOR ADMISSION FIRST THROUGH SIXTH GRADES**

**STUDENT INFORMATION**

Student's legal name: \_\_\_\_\_ Prefers to be called: \_\_\_\_\_  
Last First Middle

Date of birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Current grade of student: \_\_\_\_\_

Application for admission to grade: \_\_\_\_\_ beginning Fall, 20\_\_ \_\_

Current School (Name and address and phone): \_\_\_\_\_  
Grade(s) attended: \_\_\_\_\_

Previous School (Name and address and phone): \_\_\_\_\_  
Grade(s) attended: \_\_\_\_\_

**FAMILY INFORMATION**

**Parent/Guardian 1**

Full name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Address: \_\_\_\_\_  
Number & Street City/Town State Zip

Phone: \_\_\_\_\_ Cell (if different) : \_\_\_\_\_

E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_ Business phone: \_\_\_\_\_

**Parent/Guardian 2**

Full name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Address: \_\_\_\_\_  
Number & Street City/Town State Zip

Phone: \_\_\_\_\_ Cell (if different) : \_\_\_\_\_

E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_ Business phone: \_\_\_\_\_

Parents' marital status: (optional)  Married  Separated  Divorced  Other



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The information provided in response to the following questions will be used by BACS to conduct an evaluation to assess what supplementary services a student may require and the extent to which these services are available to be provided by BACS. Answers to these questions will help us determine whether necessary and appropriate services are available for your child at BACS. This information will be maintained on a confidential basis and will only be shared with those school officials who have a legitimate educational interest in connection with the evaluation process and determination of potential available services.

Has your child ever received any educational testing either as a recommendation of the school or on a private basis. This is the testing that is beyond group-administered standardized test. If so, please describe. \_\_\_\_\_

Does he/she have a 504 plan or an IEP currently, or has he/she had one in the past? \_\_\_\_\_

Does the student currently need any accommodations? (For example, does he/she get pull-out, or in-class support at his/her current school.) Explain.

**Applicant's siblings: (Use additional paper if necessary)**

Name \_\_\_\_\_ Grade/Age \_\_\_\_\_ School now attending \_\_\_\_\_

Name \_\_\_\_\_ Grade/Age \_\_\_\_\_ School now attending \_\_\_\_\_

Name \_\_\_\_\_ Grade/Age \_\_\_\_\_ School now attending \_\_\_\_\_

**Family's relationship to the New Church**

What New Church Sunday service(s) do you attend? \_\_\_\_\_

Is the applicant baptized into the New Church?  yes  no

Name of present pastor or minister who knows the applicant \_\_\_\_\_

Whether you are new to the teachings of the New Church or have been around them for years, please give us an example of something you especially like about the New Church teachings.

If you are already involved in the Bryn Athyn Church community, describe your current involvement. \_\_\_\_\_



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If you are new to the Bryn Athyn Church, what kinds of programs/activities do you hope to become a part of?

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**PARENT/GUARDIAN QUESTIONNAIRE (Please use additional paper if necessary)**

Why are you considering Bryn Athyn Church School for your child? \_\_\_\_\_

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What is one of your child's favorite parts of school? \_\_\_\_\_

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Does your child have lessons or programs outside of school? If so, please tell us about them. \_\_\_\_\_

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Please return this form with a \$50 non-refundable processing fee.

By signing this form, I/we understand that my/our child will be considered for the grade and year indicated. I/We affirm that the information provided in this application is true and correct to the best of my/our knowledge.

I/We understand that BACS may make a judgment about whether the school can adequately meet my/our child's needs and the grade level placement. I/We understand that BACS retains the discretion in determining the conditions of admission for my/our child.

I/We understand that continued enrollment at BACS will be assessed at the end of each school year and may be assessed at any time during a school year if deemed necessary.

Bryn Athyn Church adheres to a long-standing policy of admitting students of any race, color, national, and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. BACS does not discriminate on the basis of race, color national or ethnic origin in administration of its educational policies, admissions policies, financial aid, and athletic or other school-administered programs.

\_\_\_\_\_  
Signature of Parent or Guardian Date

\_\_\_\_\_  
Signature of Parent or Guardian Date

Please send in completed admission form to the address at the top of the page. Attention: Joanne Kiel