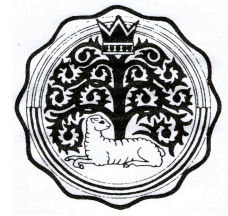


The Bryn Athyn Church School
600 Tomlinson Road, Box 277
Bryn Athyn, PA 19009 - Phone: 215-947-4086



APPLICATION FOR ADMISSION

SCHOOL YEAR 2014-2015

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 September, 20__ __

FAMILY INFORMATION

Parent/Guardian 1

Full name: _____ BACS Alumnae?

Address: _____
Number & Street City/Town State Zip

Phone: _____ Cell (if different) : _____

E-mail: _____

Employer: _____ Business phone: _____

Relationship to student: _____

Parent/Guardian 2

Full name: _____ BACS Alumnae?

Address: _____
Number & Street City/Town State Zip

Phone: _____ Cell (if different) : _____

E-mail: _____

Employer: _____ Business phone: _____

Relationship to student: _____

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

Please enclose a non-refundable \$50 application fee per student, payable to Bryn Athyn Church. This fee is due prior to student assessment. Return to address above, attention: Joanne Kiel Email: joanne.kiel@bacs-gc.org

By signing this form, I/we understand that my/our child (children) 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.

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 grant programs and athletic or other school-administered programs.

Signature of Parent or Guardian Date

Signature of Parent or Guardian Date