



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

## APPLICATION FOR ADMISSION KINDERGARTEN

Parents' marital status: (optional)

## **STUDENT INFORMATION** Prefers to be called:\_\_\_\_\_ Student's legal name: \_\_\_\_\_ First Date of birth: \_\_\_\_\_ Gender: \_\_\_\_ Is your child fully toilet-trained \_\_\_\_\_ Does your child attend preschool? If so, which one? Application for admission to Kindergarten beginning September, 20\_\_\_\_ **FAMILY INFORMATION** Parent/Guardian 1 Relationship to student: Number & Street City/Town State Phone: \_\_\_\_\_ Cell (if different) : \_\_\_\_\_ Employer: \_\_\_\_\_\_ Business phone: \_\_\_\_\_ Parent/Guardian 2 Relationship to student: City/Town Number & Street State Zip Phone: \_\_\_\_\_ Cell (if different) : \_\_\_\_\_ Employer: \_\_\_\_\_\_ Business phone: \_\_\_\_\_

Separated

Married

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 r	ecommendation of the preschool o	r your pediatrician?
Has he/she received early in	tervention services?		
Does the child have an IEP?			
Does the student currently n	eed any accommodations to suppor	t his/her learning?	
Applicant's siblings: (Use ad	ditional 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 se	ervice(s) do you attend?		
Is the applicant baptized into	the New Church?		
Name of present pastor or m	ninister who knows the applicant		
Whether you are new to the especially like about the New		e been around them for years, plea	se give us an example of something you
If you are already involved in	the Bryn Athyn Church community,	describe your current involvement.	



## BRYN ATHYN CHURCH SCHOOL

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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?			
PARENT/GUARDIAN QUESTIONNAIRE (Please use aditional paper if necessal	<u>ry)</u>		
Why are you considering Bryn Athyn Church School for your child?			
What is one of your child's favorite parts of school?			
Does your child have lessons or programs outside of school? If so, please tell	us about them.		
Please return this form with a \$50 non-refundable processing f	ee.		
By signing this form, I/we understand that my/our child will be considered for information provided in this application is true and correct to the best of my/			
I/We understand that BACS may make a judgment about whether the school placement. I/We understand that BACS retains the discretion in determining			
I/We understand that continued enrollment at BACS will be assessed at the e during a school year if deemed necessary.	nd of each school year and may be assessed at any time		
Bryn Athyn Church adheres to a long-standing policy of admitting students of privileges, programs, and activities generally accorded or made available to st of race, color national or ethnic origin in administration of its educational poli school-administered programs.	udents at the school. BACS does not discriminate on the basis		
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