

**Red Lion Christian School
105 Springvale Road
Red Lion, PA 17356
717-244-3905**

Student Application

Child's Full Name: _____ **Birthdate:** _____ **Age:** _____
Grade entering: _____ **Boy or Girl:** _____ **School District:** _____ **Home Phone:** _____
Father's Cell Phone: _____ **Mother's Cell Phone:** _____
Complete Address: _____
Father's Name: _____ **Place of Employment:** _____
Employment Address: _____ **Work Phone:** _____
Mother's Name: _____ **Place of Employment:** _____
Employment Address: _____ **Work Phone:** _____
Email: _____

In case of emergency requiring a doctor's care and neither parent can be reached, we will contact your family doctor. Please furnish the following information.

Name of Doctor: _____ **Phone:** _____
List any allergies or restrictions: _____

Name of church the child attends: _____

Child will be: Full Day _____ Half Day _____

Name of school child presently attends: _____

By signing below I am acknowledging that I have read the school hand book and agree to uphold the school in all matters discussed therein and to have your child/children trained in accordance with these spiritual, academic and disciplinary guidelines.

Father's signature: _____ **Date:** _____

Mother's signature: _____ **Date:** _____

OFFICE USE ONLY

Is the application fee included? _____ **Fee included: \$** _____

Application received by Red Lion Christian School on: _____

By: _____ **Signature:** _____