

**WEAVERTOWN MENNONITE SCHOOL
APPLICATION FOR ADMISSION**

Complete one for each child. Use back of sheet if additional space is necessary for any questions.

Student's Name (First, Middle, Last) _____ Age _____ Sex _____

Grade Applying For _____ Birthdate _____ / _____ / _____ Birthplace _____

Present Address: _____

Township _____ School District _____ Phone _____

Has child accepted Christ as personal Savior? _____ If so, when? _____ Is child a church member? _____

Name of church child attends _____

Last School Attended _____

Has child ever been expelled from school for any reason? _____

Has child ever failed a grade? _____ If so, which grade? _____

What was the reason for failure? _____

Does the child have any physical or mental handicap which may affect activities or progress that should be known by the principal or teacher? _____ If so, explain: _____

What special abilities or interests does this child have? (physical, mental, artistic, musical, hobbies, etc.) _____

Do you request bus transportation for this child? _____

Please use space below to provide any additional information you feel would be helpful to your child's teacher.
