

**WEAVERTOWN MENNONITE SCHOOL
FAMILY INFORMATION FORM**

Father's Full Name: _____ Birthdate: _____

Employer: _____ Occupation: _____

Churches Attended: _____

Schools Attended: _____

Highest Grade Completed: _____ Number of Years of College: _____

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Mother's Full Name: _____ Birthdate: _____

Employer: _____ Occupation: _____

Churches Attended: _____

Schools Attended: _____

Highest Grade Completed: _____ Number of Years of College: _____

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Home Address: _____

Home Phone Number: _____ School District: _____

Father's Cell Phone Number: _____ Cell Phone Carrier: _____

Mother's Cell Phone Number: _____ Cell Phone Carrier: _____

Family E-mail Address: _____

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Please list the full names and birthdates of each of your children who live at home.

1. _____ (first and middle name) _____ (mm/dd/yy)

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

(Additional questions on reverse side.)

Church Your Family Currently Attends _____

Denomination / Conference _____

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Please answer the following questions thoughtfully and prayerfully. Please feel free to use an additional sheet if necessary.

What is your opinion on the authority of the Bible? _____

What place do prayer and Bible reading have in your home? _____

Please describe your view of proper child discipline. _____

Why do you wish to enroll your child(ren) in a Christian school? _____

Why are you choosing Weavertown Mennonite School? _____
