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HERSHEY CHRISTIAN SCHOOL STUDENT REGISTRATION FORM

Date of registration:

Grade for which child is applying: _____

For Kindergarten choose: Full Day _____

Half Day Morning _____ Half Day Afternoon _____

Prospective Kindergarten students must be 5 years old by September 30 of the school year
Prospective First Grade students must be 6 years old by September 30 of the school year

Child's Name _____ Age _____ Birthdate _____
 First Middle Last

Address: _____ Sex: _____

_____ Phone: _____

E-mail address _____

School District in which child resides: _____

Do you desire public school transportation? ___ yes ___ no
(If yes, complete the attached busing application.)

List all previous schools attended by your child:

Name your child prefers to be called _____ Child's SS# _____

Father's Name: _____ Employer: _____

Mother's Name: _____ Employer: _____

Daytime Phone: Mother _____ Father _____

Marital Status: _____ If living separately, who has custody? _____

Does your child take any medications regularly? If so, what medication and why?

Child's doctor's name: _____ Phone number: _____

Has your child been diagnosed with, or do you suspect that your child may have a learning disorder? If so please describe.

Is your child experiencing difficulty in school? If so please explain.

Describe any serious illnesses your child has had and give dates involved.

Describe any physical or mental handicaps that your child has.

Please describe any family situations that may impact on your child's performance in school.

In what church, if any, is your child involved? _____

What church activities is your child involved with? _____

What are your child's hobbies and interests? _____

Does your child have any particular fears or concerns?

What are some of your goals for this child?

Fees for Hershey Christian School:

Application fee - \$150.00 per student (prior to May 1st-\$200 thereafter)

Testing fee - \$25.00 per student (non-refundable)

Administrative fee - \$25.00 per family (non-refundable)

ALL FEES ARE DUE AT THE TIME OF REGISTRATION.

I am choosing the following tuition payment plan for 2008-2009: Full payment _____ 11-month _____

(The 11-month plan will begin payments on July 5, 2008; the full payment plan is due on July 5, 2008)

Father's Signature

Mother's Signature

Date

Please return to: Hershey Christian School P.O. Box 378 Hershey, PA 17033

*****Financial aid is available upon request. Please see the school office for details.*****