



All applicants for admission are considered without regard to sex, race, age, or national origin.
Application/Registration Fee K-12: \$230.00 per student (non-refundable)

Student's Full Name _____
Last First Middle Nickname

If your child's last name is different from your name, please state _____

Race _____ Boy Girl Age _____ Social Security # _____

Date of Birth _____ Birthplace _____

Applying for Grade _____ Year Applying _____

PHOTO RELEASE PERMISSION School Publication Yes No
School Website Yes No
School Yearbook Yes No

Present Address _____
Street City State County Zip

Keswick Christian School communicates on a regular basis with our parents via email. Please provide at least one email address for your family below.

Email Father _____ Email Mother _____

Home Phone _____ Emergency Phone _____

Last School Attended _____
Name Phone #

School Address _____ City State Zip Code

	Last Name	First Name	Occupation	Industry	Business Name	Work #
Father						
Mother						
Guardian						

Marital Status: Married Divorced Separated Widowed

If married, is this the second marriage for either parent? Father Mother

With which parent does the child reside? _____

Check the way in which you became interested in Keswick:

Pastor Relative Advertisement Brochure Keswick Parent
Name _____

FOR OFFICE USE ONLY:

Date _____

Transcript _____

Interviewed by _____

Accepted _____

Reg. Form/Fee Rec'd Date _____

Immunization _____

Medical Release Form _____

App. Fee Rec'd _____

Test Scores Rec'd _____

Date _____

Rejected _____

Amount _____

Physical Form _____

Birth Certificate _____

Pastor's Questionnaire _____

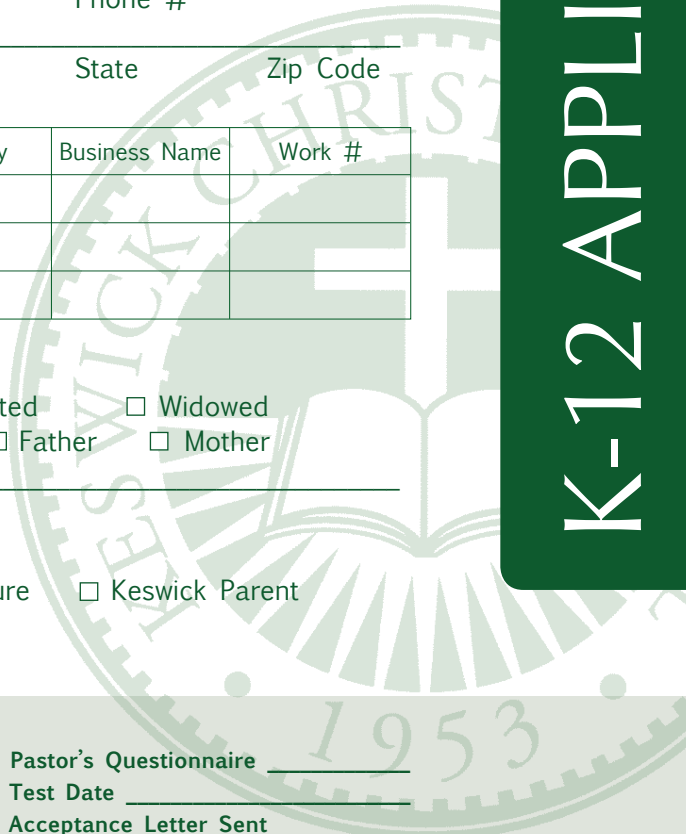
Test Date _____

Acceptance Letter Sent _____

Waiting List _____

Carpool Flag _____

K-12 APPLICATION FORM





Please list chronologically all other children and birth date under 18 years of age living with the family:

Name	Month	Day	Year	School Attending

Family attends what church? _____ Pastor's Name: _____

Does the applicant attend regularly? Sunday School Yes No Church Yes No

Does the mother attend regularly? Sunday School Yes No Church Yes No

Does the father attend regularly? Sunday School Yes No Church Yes No

Testimony of Personal Christian Experience and Faith:

Father _____

Mother _____

State briefly why you wish your child(ren) to attend Keswick Christian School. _____

How do you anticipate Keswick will help support what you are trying to achieve at home?

Has applicant ever had any serious discipline problems? Yes No

Suspended or expelled from school? Yes No

Brought before the Juvenile Court or law enforcement agency? Yes No

Been asked to withdraw from any school at any time? Yes No

Ever used alcohol, tobacco, or controlled drugs at any time? Yes No

If yes to any of the above, please explain on a separate sheet.

Has the applicant ever repeated a grade? Yes No Grade _____

Reason for repeating: _____

Does the applicant have any mental, emotional, or physical handicaps which may affect his activities or progress, that should be known by his teacher? (Reply will be held confidential)

Please use a separate sheet of paper and have the student answer the following questions. (Student should complete in own handwriting.)

Elementary Students (Grades 2-5 only)

1. Tell in your own words what you know about Jesus.
2. Tell in your own words why you want to attend Keswick.

Junior/Senior High School Students (Grades 6-12 only)

1. Why do you want to attend Keswick?
2. Write a paragraph telling about yourself.
3. Explain your relationship with the Lord.

Other than you, who has the authority to pick up your child? _____

Physician's Name _____ Phone _____

May school personnel call the family physician in case of an emergency? Yes No

In case your student needs to be sent home from school due to a local emergency (hurricane, etc.) and you should not be home, to whom may he/she be sent (We must have at least two.)

1) Name and Relationship _____ Phone _____
Address _____

2) Name and Relationship _____ Phone _____
Address _____

List what problems your child has, if any, (learning, behavior, discipline, health, diabetes, physical, etc.) and explain:

Indicate allergies and give specifics:

Food: _____

Medication:	Merthiolate _____	Plants _____
	Adhesive tape _____	Chalk _____
	Compounds _____	Aspirin _____
	Bee Stings _____	Other _____

Any restrictions for Physical Education? Yes No

If yes, please explain _____

What special interests, skills, and abilities does your child have? _____

Are you applying for admission of all of your children of school age? Yes No

If not, why? _____

What is your child's reaction to starting this school? _____

