

APPLICATION FOR ADMISSION



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Family (Last) Name _____ School Year 2017-2018

Father Stepfather Guardian

Name _____
First Last

Living with child? yes no

Home Address _____

City _____ State _____ Zip _____

Home Phone (____) _____

E-Mail Address: _____

Occupation _____

Employer _____

Work Address _____

City _____ State _____ Zip _____

Work Phone (____) _____

Cell Phone (____) _____

Educational Background — Major: _____

Minor: _____

Mother Stepmother Guardian

Name _____
First Last

Living with child? yes no

Home Address _____

City _____ State _____ Zip _____

Home Phone (____) _____

E-Mail Address: _____

Occupation _____

Employer _____

Work Address _____

City _____ State _____ Zip _____

Work Phone (____) _____

Cell Phone (____) _____

Educational Background — Major: _____

Minor: _____

Yes, include my personal information in the school directory

Include my land line number

cell number

mailing address

email address(s)

No, do not include my personal information in the school directory

2707 Maranatha Ct. SE, Turner, OR 97392

Phone: 503-391-9082

Fax: 503-378-0507

Email: info@crosshillchristian.com

2105 Keizer Rd. NE, Keizer, OR 97303

Phone: 503-566-8520

Fax: 503-304-2014

Email: keizer@crosshillchristian.com

Website: www.crosshillchristian.com

Please list all children living in your household:

NAME	AGE	BOY OR GIRL
_____	_____	_____
_____	_____	_____
_____	_____	_____

How did you hear about Crosshill Christian School?

- Internet
 Friend
 Other _____

Have you applied or will you be applying to any other schools this year? yes no

SPIRITUAL BACKGROUND

What church does your family attend? _____

Number of years _____ Are you a member? yes no

Please check all that apply: The family attends church regularly The applicant attends church regularly
 The family is currently looking for a church The family does not attend church

Please give the name of a pastor, Sunday School teacher, or other church leader who is familiar with your family.

Name _____ Phone number (____) _____

Address _____ City _____ State _____ Zip _____

We hereby certify that the information provided on this application is true and given with no reservations.

Father's Signature

Date

Mother's Signature

Date

All information provided in this application will remain confidential.

Crosshill Christian School does not discriminate against any person because of race, color, national or ethnic origin, gender, age or qualified disability.