FULL GOSPEL CHRISTIAN SCHOOL

FULL GOSPEL CHRISTIAN SCHOOL

A Ministry of the Full Gospel Church

110 Union St • Westfield • MA • 01085

KINDERGARTEN APPLICATION

	Application Date						
Student							
Information	Full Name	First	Middle				
	Address						
	City						
	Home Phone ()						
	Date of Birth/		vears months				
	Place of Birth	_	-	male 🏻			
Parent	Father:						
Information	Full Name						
	Last		Middle				
	$\operatorname{Address}$						
	City	State	Zip Code				
	Work Phone ()	Home	Phone ()				
	Cell Phone ()						
	Occupation	ccupation Title					
			Zip Code				
	Mother:						
	Full Name		3.6. 1.11				
		ast First					
			Zip Code				
			Phone ()				
	· ——·		Phone ()				
	Cell Phone ()						
			itle				
		Ct - t -					
	City	State	Zip Code				

Family Background	Language(s) Spoken at Home						
	Student Resides with	·•					
	Mother and Fath		□ Father □	Guardian 🏻			
	Stepmother Stepfather Stepf						
	Special Circumstance:						
	Father is Deceased \square Mother is Deceased \square Parents are Separated \square Parents are Divorced \square						
	Parent with Legal Cu	stody:					
	_	her Joint					
	List Brothers and Sist						
	1	Name		Age	Grade		
							
Emergency Contact	Please provide information on two additional people who <i>DO NOT</i> reside with the student applicant or with each other, to contact in case of an emergency. Also, <i>DO NOT</i> list your parents, since they will be contacted first.						
	1. Full Name						
		Last	First		Middle		
					Code		
	,			ne Phone(_)		
)					
	neranonsmp						
	2. Full Name						
	4. run name						

Last

Cell Phone (_____)____

Address

Relationship _____

First

 City ______ State ____ Zip Code _____

 Work Phone (____) ____ Home Phone (____) ____

Middle

Church	Church Name						
Background	Church Address						
(Please have your pastor	City State _	Zip Code					
	Church Phone ()						
fill this	Church Denomination						
section out)							
	Church Membership:						
	Mother and Father □ Mother □ Father □ Guardian □ Stepmother □ Stepfather □ Neither Parent or Guardian □ Please Check Appropriate Boxes:						
						☐ Student Attends Church Regularly	
						☐ Student Attends Sunday School	☐ Parent(s) Serve in the Church
	Pastor Name Pastor Signature						
	Enrollment Agreement	I understand that Full Gospel Christian School does not discriminate in its admittance					
		practices against any person due to race, color, national or ethnic origin or gender.					
Also, it does not discriminate on the basis of race, color, national or ethnic origin or gender in administration of educational policies, scholarship programs or any other school programs.							
	I hereby certify that the facts set forth in this <i>Student Application</i> are true and complete to the best of my knowledge. I understand that the falsification, failure to comply with <i>Full Gospel</i>						
	Christian School rules and regulations or significant omission of fact may represent me from						
	being admitted or if admitted may subject me to immediate dismissal.						
	I understand that in the event the student withdraws enrollment or is dismissed from Full						
	Gospel Christian School during the course of the school year, tuition will not be refunded. However, all circumstances will be examined and evaluated on individual basis. In addition, all						
	accounts must be paid before any student records are released.						
	I understand the philosophy and mission of Full Gospel Christian School. I have read and						
	agree with the Statement of Faith. I have also read, understand and will comply with the rules and regulations						
	I certify that I have carefully read and do understand the above statements.						
	Signature of Father	Date					
	<u> </u>						
	Signature of Mother	 Date					