

Pathway Christian School Application for Enrollment-New Families

(319) 656-5443 | pathwaychristian1978@gmail.com | pathwaychristian.net

Parent/Guardian Information

Father's Full Name: _____

Phone Number: _____

Email Address: _____

Mother's Full Name: _____

Phone Number: _____

Email Address: _____

Which parent/guardian should be considered the *primary contact*?

Mother Father Both

Home Address

Street Address: _____

City: _____

State: _____

ZIP: _____

Emergency Contact

Name (other than parent): _____ Phone Number: _____

Relationship to Student: _____

Student/s Information

Student Full Name

Date of Birth

Entering Grade

Faith

Why do you desire to send your child to Pathway Christian School?

Do you attend a church regularly?

Yes No

If yes, where do you attend? _____

Please describe your family's involvement in your church:

Do you accept the Bible as the Word of God? _____

Do you declare Jesus Christ as your personal Savior? _____

References

Pastor: _____

Non-Family Reference: _____

Non-Family Reference: _____

School History

Has your student ever been suspended or expelled from a school?

Yes No

If yes, please explain:

Previous School Name (if applicable): _____

School Address: _____

General Policy: Our goal is to provide a quality Christian education, that deepens affection for Jesus and enables any student to pursue the call God will place on their life. Students are expected to abide by the standards set forth in the handbook during all school activities.

Signature

By submitting this application, I agree to support the standards and regulations set forth in the handbook. I will not give the impression to students, or parents that I am not in harmony with the goals, aims, and standards of the school.

Signature of Parent/Guardian: _____

Date: _____