



Fairhaven Christian School

1031 Simmontown Rd

Gap, PA 17527

717.442.9840

admin@fairhavenschool.org

Pre Enrollment Application

1. Father

Name: _____

Occupation: _____ Employer: _____

Education (circle one) *Eighth grade* *High School* *College*

2. Mother

Name: _____

Occupation: _____ Employer: _____

Education (circle one) *Eighth grade* *High School* *College*

Current Address _____

School District _____

Father's Cell _____ Mother's Cell _____

Primary Email _____ Other email _____

3. Family Information (list the names, birth dates, and ages of all the children in your home)

	First and Middle Name	Birthdate (mm/dd/yy)	Age
a.	_____	____/____/____	_____
b.	_____	____/____/____	_____
c.	_____	____/____/____	_____
d.	_____	____/____/____	_____
e.	_____	____/____/____	_____
f.	_____	____/____/____	_____
g.	_____	____/____/____	_____

1. Why do you wish to enroll your child(ren) in a Christian School?

2. Why are you choosing Fairhaven Christian School?

3. What church do you attend?

4. Do you believe in the authority of the Bible?

5. What place does prayer and Bible reading have in your home?

6. What access do your children currently have to the internet and visual media? Please explain.

7. Share your current personal testimony. (Father)

8. Share your current personal testimony. (Mother)

9. Additional comments or questions

10. Have you read the FCS policy manual and can you fully support it? Yes No