



Weavertown Mennonite School  
73 Orchard Road  
Bird In Hand PA 17505

717-768-3627  
office@weavertownschool.com

### Parent Application for Admission

Father's Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Schools Attended: \_\_\_\_\_

Highest Grade Completed: \_\_\_\_\_ Number of Years of College: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Schools Attended: \_\_\_\_\_

Highest Grade Completed: \_\_\_\_\_ Number of Years of College: \_\_\_\_\_

Home Address: \_\_\_\_\_

School District: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Father's Cell Phone: \_\_\_\_\_ Mother's Cell Phone: \_\_\_\_\_

Father's Email: \_\_\_\_\_ Mother's Email: \_\_\_\_\_

Name of local church you attend: \_\_\_\_\_

Our family attends church: ☐ Never ☐ Rarely ☐ Occasionally ☐ Weekly

Pastor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please list the full names and birthdates of each of your children who live at home.

- |              |          |
|--------------|----------|
| 1. Name_____ | DOB_____ |
| 2. Name_____ | DOB_____ |
| 3. Name_____ | DOB_____ |
| 4. Name_____ | DOB_____ |
| 5. Name_____ | DOB_____ |
| 6. Name_____ | DOB_____ |
| 7. Name_____ | DOB_____ |
| 8. Name_____ | DOB_____ |

Are you requesting bus transportation for your student(s): ☐ Yes ☐ No

**Please answer the following questions thoughtfully and prayerfully. Please feel free to use an additional sheet if necessary.**

What is your opinion on the authority of the Bible? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What place does prayer and Bible reading have in your home? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe your view of proper child discipline? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why do you wish to enroll your child(ren) in a Christian school? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why are you choosing Weavertown Mennonite School? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Student Application for Admission

Please complete one of these forms for each student you are enrolling.

Child's Legal Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Goes By: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Academic Information

Grade Applying For: \_\_\_\_\_ for school year: \_\_\_\_\_

Last School Student Attended (if applicable): \_\_\_\_\_

Has your child ever failed a grade? ☐ Yes ☐ No If yes, which grade? \_\_\_\_\_

Has your child ever been expelled from school for any reason? ☐ Yes ☐ No If yes, please give the school's name,  
date, and cause of action: \_\_\_\_\_  
\_\_\_\_\_

Does the child have any physical or mental handicap which may affect activities or progress that should be known by the  
administrator or teacher? ☐ Yes ☐ No

If so, explain: \_\_\_\_\_  
\_\_\_\_\_

What special abilities or interests does this child have? (Physical, mental, artistic, musical, hobbies, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Please use space below to provide any additional information you feel would be helpful to your child's teacher.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_