



# APPLICATION FOR ADMISSION LINVILLE HILL CHRISTIAN SCHOOL

## Elementary Campus, Grades K-5

295 S. Kinzer Rd.  
Paradise, PA 17562  
(717) 442-4447  
[office@linvillehill.org](mailto:office@linvillehill.org)

## Upper Campus, Grades 6-12

835 Houston Run Drive  
Gap, PA 17527  
(717) 442-4447, ext. 2  
[office@linvillehill.org](mailto:office@linvillehill.org)

In the box below, please write the information as you desire it to appear on our Patron List.

Father _____	Address _____
Mother _____	City _____ State _____ Zip _____
Phone (    ) _____	E-mail _____

School District \_\_\_\_\_ Additional Email \_\_\_\_\_

Previous School Attended \_\_\_\_\_

Father's Job \_\_\_\_\_ Employer \_\_\_\_\_ PH# \_\_\_\_\_

Mother's Job \_\_\_\_\_ Employer \_\_\_\_\_ PH# \_\_\_\_\_

Church Name \_\_\_\_\_

Pastor \_\_\_\_\_ Address \_\_\_\_\_

### NAMES OF CHILDREN APPLYING FOR ADMISSION

First	Middle	Age	Birthdate	Grade to Enter	Sex
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

OTHER CHILDREN IN THE FAMILY

First Name

Birthdate

First Name

Birthdate

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

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

Why do you wish to enroll your child(ren) at LHCS?

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

Please check any special services your child has received or is receiving:

\_\_\_\_\_ Speech

\_\_\_\_\_ My child has an IEP

\_\_\_\_\_ Remedial Math

\_\_\_\_\_ My child has a Learning Plan

\_\_\_\_\_ Remedial Reading

\_\_\_\_\_ Help with emotional struggles

Give explanation as needed: \_\_\_\_\_

\_\_\_\_\_

Has your child ever been dismissed or withdrawn from a school? Yes \_\_\_\_\_ No \_\_\_\_\_

In signing this application I understand and am willing to grant that:

- One or both parents are born again Christians.
- The registration fee is not refundable except when the school refuses admission. If after screening tests for kindergarten, parents decide to wait a year to enroll, the registration fee will be carried forward to the following year.

A non-refundable Registration Fee (per family) is \$200.00.

Sign and date below:

Father \_\_\_\_\_ Mother \_\_\_\_\_

Date \_\_\_\_\_ Registration Fee Attached \_\_\_\_\_

<p>Linville Hill Christian School is a community of faith where students learn to think deeply about who God is as they discover their God-given purpose in preparation for a lifetime of service to the King.</p>
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LHCS does not discriminate on the basis of race, color, or national and ethnic origin in administration of its educational or admissions policies, and other school administered programs.

COMMUNITY - CARE- GROWTH  
"Helping our children tell a better story."