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Plymouth Church School

*** APPLICATION ***

School Year of Entry: 20 ____

Child's Name: _____

Nickname: _____ Birth Date: _____ Sex: _____

Home Address: _____ Telephone: () _____

Child lives with: _____

Child's age next September 1: ____yrs. ____mos.

Parent's Name: _____

Home Address: _____

Occupation: _____ Title or Position: _____

Business Address: _____

Telephone: _____ Email: _____

Parent's Name: _____

Home Address: _____

Occupation: _____ Title or Position: _____

Business Address: _____

Telephone: _____ Email: _____

Previous/Current School or Playgroup: _____

May we have permission to contact them? yes _____ phone: () _____

Please note any special considerations regarding your child (i.e. strengths, limitations, medical concerns):

Language (s) spoken at home: _____

Language (s) spoken by child: _____

Names, Birth Dates, Schools of Siblings: _____

Are you a member of Plymouth Church of the Pilgrims: _____

Will you be requesting Financial Assistance: yes _____ no _____. If so, have you received the financial aid package? yes _____ no _____

Signature of Parent: _____ Date of Application: _____

Signature of Parent: _____ Date of Application: _____

Please return this form with a \$75 non-refundable and non-transferable application fee by January 15th (December 15th for Church Members and siblings of PCS students). Make check payable to Plymouth Church School. Plymouth Church School admits students of any race, color, religion, national or ethnic origin.