

FREDERICK DOUGLASS CHRISTIAN SCHOOL
700 Central Avenue ▪ Chester, PA 19013 ▪ 610-499-9030

APPLICATION FOR ENROLLMENT

Information provided in this application, interview and entrance exam is private and will be used only to determine eligibility for FDACS. However, completion of this application does not guarantee acceptance. Incomplete applications will not be considered. Please answer all of the questions completely and submit the following items along with this form. 1) Registration fee \$100 cash, non-refundable; 2) Child's birth certificate and SS card; 3) Immunization records and last physical examination; 4) Copy of Insurance Card; 5) IRS 1040 Form, or Official Letter of Income from AFDC or Social Security and 6) Report card and standardized test results, if available.

PLEASE PRINT.

DATE: ___ / ___ / ___

Student's Legal Name _____ M or F
Last First MI Circle One

Address _____
Street Address City State Zip

Age ___ Date of Birth _____ Grade Entering in the Fall _____

Mother's Name _____ Home Phone _____

Address _____ Email _____

Occupation _____ Employer _____

Work Phone _____ Cell Phone _____

Name of Church _____ City _____

Father's Name _____ Home Phone _____

Address _____ Email _____

Occupation _____ Employer _____

Work Phone _____ Cell Phone _____

Name of Church _____ City _____

Who has primary custody of child? Name _____ Relationship _____

Address *(If different from above)* _____
Street Address City State Zip

Transportation Mode: ___ Car Rider ___ Walker ___ School Bus *(complete Transportation Enrollment Form)*

Signed By: _____
Print Signature Date