

Date of Application: \_\_\_\_\_

Date Received: \_\_\_\_\_

Applying for Grade: \_\_\_\_\_

## **Pen Bay Christian School**

**One Waldo Avenue  
Rockland, ME 04841  
207-596-6460**

*“Train a child in the way he should go, and when he is old he will not turn from it”  
Proverbs 22:6*

**Admissions Application for:**

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Pen Bay Christian School admits students of  
any race, color, national or ethnic origin.

**PEN BAY CHRISTIAN SCHOOL**  
**ONE WALDO AVENUE, ROCKLAND, ME 04841**  
**207-596-6460**

**STUDENT INFORMATION - ADMISSIONS**

Date of Application: \_\_\_\_\_ Grade: \_\_\_\_\_ Academic Year: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Student's Nickname: \_\_\_\_\_ Male/Female: \_\_\_\_\_

Student's Address: \_\_\_\_\_  
Street City State Zip

Home Telephone Number: \_\_\_\_\_

Age by August 31<sup>st</sup> of academic year of application: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**A birth certificate must accompany all applications. \***

Place of Birth: \_\_\_\_\_  
City State County

**Family Information:**

Father: \_\_\_\_\_ Living: \_\_\_\_\_ Resides w/family: \_\_\_\_\_ Church: \_\_\_\_\_  
Name: Last, First, Middle Initial yes/no yes/no

Mother: \_\_\_\_\_ Living: \_\_\_\_\_ Resides w/family: \_\_\_\_\_ Church: \_\_\_\_\_  
Name: Last, First, Middle Initial yes/no yes/no

Guardian: \_\_\_\_\_ Living: \_\_\_\_\_ Resides w/family: \_\_\_\_\_ Church: \_\_\_\_\_  
Name: Last, First, Middle Initial yes/no yes/no

**Occupation:**

Father: \_\_\_\_\_  
Business Name, Address, Telephone Number

Mother: \_\_\_\_\_  
Business Name, Address, Telephone Number

Guardian: \_\_\_\_\_  
Business Name, Address, Telephone Number

Child's rank in family (please indicate first, second, etc.): \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

## ACADEMIC INFORMATION

School Last Attended: \_\_\_\_\_  
Name and Town

Grades completed at the school listed above: \_\_\_\_\_

Has your child had any serious discipline problems at school? \_\_\_\_\_ If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list the grades he/she received during the most recent grading period: (complete only if applying for grades 2-8)

Reading: \_\_\_\_ Math: \_\_\_\_ Language Arts: \_\_\_\_ Social Studies: \_\_\_\_ Science: \_\_\_\_ Spelling: \_\_\_\_  
Conduct: \_\_\_\_ Effort: \_\_\_\_

Please list your child's strengths:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Under what circumstances does he/she learn best?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What aspirations do you have for your child?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any special accommodations your child might require? \_\_\_\_\_ If so, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

Please include a copy of your child's most recent report card and standardized testing report(s). \*

**All application information is kept confidential.**

\*Items required to complete this application

# FAMILY APPLICATION

Please describe your personal Christian Faith & Experience:

Mr. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mrs. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Ms. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please state in detail why you want your child(ren) to attend Pen Bay Christian School.

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

\*\*Please attach an essay written by your child(ren) why they want to attend this school.

Who referred you to Pen Bay Christian School? \_\_\_\_\_

**We have read the Pen Bay Christian School Handbook and are in agreement with it.** \_\_\_\_\_  
Yes/No

Mr. \_\_\_\_\_ Date: \_\_\_\_\_

Mrs. \_\_\_\_\_ Date: \_\_\_\_\_

Ms. \_\_\_\_\_ Date: \_\_\_\_\_

Office Information: Please list the names of the children in your family.

Name	Age
_____	_____
_____	_____
_____	_____

