APPLICATION FOR ADMISSION

2025 - 2026

FOR OFFICE USE ONLY

Rec'd By ____

Date Rec'd ______Application Fee _____



THE MISSION OF REDEEMER CHRISTIAN SCHOOL IS TO PROVIDE A SECURE, CHRIST-CENTERED ENVIRONMENT OF CLASSICAL ACADEMIC EXCELLENCE TO EQUIP STUDENTS FOR A LIFE OF LEARNING AND SERVICE TO THE GLORY OF GOD.

Applicant Information

FUDENT INFORMATION		GRADE ENTERING		
NAME LAST	First	MIDDLE	SEX	
DATE OF BIRTH Polo Shirt Size: Cir	CLE ONE YOUTH X	XS S M L XL ADU	LT AXS AS AM AL AXI	
Address		HOME PHONE		
		STUDENT LIVES WITH		
RENT INFORMATION Father				
OCCUPATION		OCCUPATION		
EMPLOYER ADDRESS		EMPLOYER ADDRESS		
EMPLOYER PHONE				
CELL PH	CARRIER	CELL PH	CARRIER	
EMAIL ADDRESS				
MILY INFORMATION NAMES OF OTHER CHILDREN AGI		GRADE	School	
HOME CHURCH		PASTOR'S NAME		
ADDRESS		HOW LONG HAVE YOU A	ATTENDED?	
PHONE NUMBER		IS AT LEAST ONE PAREN	T A MEMBER?	
THOOL INFORMATION NAME AND MAILING ADDRESS OF Y	OUR CHILD'S MOS	Γ RECENT SCHOOL.		
		Rec	leemer Christian School, Inc. 202	

	N SUSPENDED FROM SCHOOL?
Y1	ES NO (IF YES, PLEASE EXPLAIN ON A SEPARATE PAGE.)
HEALTH INFORMATION	
HAS THIS CHILD EVER BEEN DIACN	OSED WITH A LEARNING DISABILITY OR PHYSICAL PROBLEM THAT AFFECTS HIS/HER
ACADEMIC ACHIEV	-
	YES NO (IF YES, PLEASE EXPLAIN ON A SEPARATE PAGE.)
PARTICIPATION IN	MOTIONAL, OR ATTENTION PROBLEM, WHICH REQUIRES SPECIAL MEDICATION OR LIMITED CERTAIN ACTIVITIES?
	YES NO (IF YES, PLEASE EXPLAIN ON A SEPARATE PAGE.)
ANY ALLERGIES TO	O MEDICATIONS? Yes No (If yes, please explain on a separate page.)
	HES NO (IF HES, I LEASE EATLAIN ON A SETARATE FAGE.) HER UNUSUAL HEALTH PROBLEM THAT SCHOOL PERSONNEL SHOULD BE AWARE OF?
	HER UNUSUAL HEALTH FROBLEM THAT SCHOOL FERSONNEL SHOULD BE AWARE OF:
HOW CAN REDEEMER CHI	RISTIAN SCHOOL SPECIFICALLY SERVE YOUR FAMILY IN YOUR CHILD'S EDUCATION?
Commitment	
I CERTIFY THAT THE INFO	RMATION ON THIS APPLICATION IS CORRECT.
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