

## Admissions Application Procedure

**The Samuel School welcomes your application. Thoughtful consideration will be given to each applicant.**

The Samuel School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities made available to students. The Samuel School does not discriminate on the basis of race, color, or national and ethnic origin in administration of educational policies, scholarship programs, athletic and other school-administered programs.

**It is important that all information is filled out.  
 Information provided on this form is used for other school records.  
 All necessary forms needed to make application to The Samuel School  
 are included in this document.**

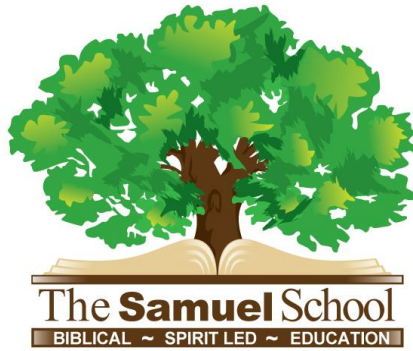
### ***Admission Procedure***

1. Please review The Samuel School statement of faith \_\_\_\_\_
2. Completed copy of the Student Admissions Application \_\_\_\_\_
3. Check for the non-refundable application fee and deposit  
(The deposit is applied to the first month's tuition) \_\_\_\_\_
4. Include a copy of the child's birth certificate and social  
security card \_\_\_\_\_
5. Include a copy of all available school related records,  
such as academic transcripts or an IEP. A Record  
Release Form is included if needed \_\_\_\_\_
6. Include a copy of all health records such as recent  
physical report \_\_\_\_\_
7. If financial assistance is needed, please submit a  
Financial Scholarship Application to FACTS (can be  
accessed by going to the school's website under the  
admissions process tab) \_\_\_\_\_
8. Once the requested application materials have been received,  
the Admissions Committee will contact the parent(s) or guardian(s)  
to conduct an interview along with the enrolling student(s).  
Requested financial assistance is discussed during this meeting,  
if needed, along with a Tuition Proposal Plan being presented \_\_\_\_\_
9. Upon receipt of the Tuition Proposal Plan a child is officially  
accepted into The Samuel School \_\_\_\_\_

\*\* Incoming students are required to take an intake testing, about 45 minutes in length. The purposes of this testing is to ascertain a child's ability upon entry for educational purposes.

## **The Samuel School Statement of Faith**

- We believe and teach the Holy Bible, God's only inspired, infallible, authoritative, written Word, to which nothing can be added or taken away.
- We believe and teach the sovereignty of one God, creator and governor of the universe and man: that God is eternally existent in three persons, as God the Father, God the Son, God the Holy Spirit.
- We believe and teach that man, made in God's image and likeness, given the choice, yielded to temptation by Satan, disobeyed God, fell into sin, thereby incurring God's judgment, and revealing man's great need for a Savior.
- We believe and teach that JESUS CHRIST is God's promised Savior to man.
- We believe and teach that JESUS CHRIST as Deity, God's only begotten Son, came to the earth through the virgin birth, to provide, through His shed blood, His atoning death on the cross, resurrection, and ascension to the right hand of the Father, man's only means of redemption or salvation from sin and its everlasting punishment.
- We believe and teach that the sinless life of our Savior Jesus Christ, His miracles, His accessibility to all men, women, and children, reveal God's grace and love. We look forward to the promised return of our Savior in power and glory to reign on earth.
- We believe and teach that the Holy Spirit, Third Person of the blessed Trinity of God, took up His abode on earth, on the day of Pentecost, and that by His indwelling the Christian is enabled to live a Godly life.
- We believe and teach that the bride of Christ, the Church, is empowered to carry out the Savior's great commission, and to preach the Gospel of liberty, both internal and external, to all men and nations, and to bring His healing message of the unity of all believers.
- We believe in and teach the bodily resurrection of both the saved and the lost: those who are saved unto the resurrection of life and those who are lost unto the resurrection of damnation.
- We believe that the responsibility of the Christian in America is to insure both Gospel purity and Gospel availability by remembering the marvelous works of Christ in bringing forth our nation where church and state, united internally, but separated externally and governmentally, make available to all men, women, and children the privilege of preaching and teaching SALVATION THROUGH JESUS CHRIST, under a Biblical Constitution.
- We who serve the Lord at The Samuel School are committed to this Statement of Faith by which we live, by accepting the government of God through Christ in our ministry of teaching and learning.



# Student Admissions Application

## PLEASE PRINT OR TYPE APPLICATION INFORMATION

Full Name \_\_\_\_\_ Applying for grade \_\_\_\_\_ School Year \_\_\_\_\_  
                    First                      Middle                      Last

Home Address \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
  Street Address

\_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
                    City                      State                      Zip Code

Home Telephone ( ) \_\_\_\_\_ Place of Birth \_\_\_\_\_  
                                    Area Code

Social Security Number \_\_\_\_\_ Name by which children is to be addressed \_\_\_\_\_

## EMERGENCY CONTACTS

Please list two adults, other than parents, who may be contacted in case of emergency:

Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____

## SIBLINGS

Please give the name, grade and/or age of applicant's brothers and sisters and their current school.

Name	Date of Birth	Grade and/or Age	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## CURRENT SCHOOL INFORMATION

Applicant's Current or Last School \_\_\_\_\_

Address \_\_\_\_\_  
  Street or P.O. Box                      City                      State                      Zip Code

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Most Current/Recent Teacher – \_\_\_\_\_

**SPECIAL INTERESTS**

List subjects, sports, activities, and/or organizations in which the applicant has a special interest.

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**PERSONAL INFORMATION**

Has the applicant ever had serious discipline problems, been suspended or expelled from school?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain.

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Has the applicant ever repeated a grade? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please give reason.

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**TRANSPORTATION**

Do you wish to make use public bussing for transportation to and from school? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, do you live within 10 miles of the Central Dauphin School District? Yes \_\_\_\_\_ No \_\_\_\_\_

**MEDICAL INFORMATION**

Please state here any specific health conditions that the applicant might have.

Does the applicant need any special medication? Is the applicant allergic to anything (bee stings, food)? If so, please state the emergency procedures that should be taken should the applicant be exposed to the allergen. Is the applicant or has the applicant been under psychiatric treatment? Is the applicant handicapped in any way that might interfere with his regular schoolwork or his participation in athletic programs?

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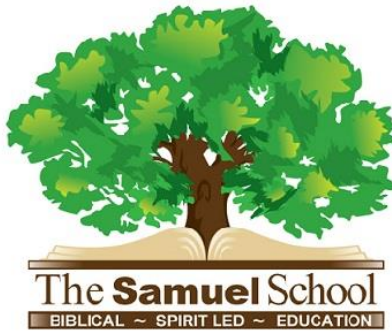
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I/We authorize The Samuel School to educate my child in accordance with the Statement of Faith, and to encourage them to accept, live and grow in the Christian faith.

I/We have enclosed the non-refundable application fee of \$50.00 with the included \$100 deposit to be applied to the first months tuition. Checks should be made payable to The Samuel School.

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)



## STUDENT RECORD RELEASE FORM

This letter is to serve as formal request for my child's records to be transferred to The Samuel School (address below) as soon as possible. Thank you for your assistance in the matter.

NAME OF STUDENT: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
Month Day Year

HOME ADDRESS: \_\_\_\_\_  
Street Address City State Zip Code

HOME PHONE: \_\_\_\_\_ SSN: \_\_\_\_\_  
Area Code Telephone

SCHOOL NOW ATTENDING: \_\_\_\_\_  
Name of School Grade Years Attended

\_\_\_\_\_  
Street Address City State Zip Code

\_\_\_\_\_  
Principal or Head of School Area Code Telephone

### INFORMATION TO BE RELEASED:

- Scholastic Records
- Health Records
- Standardized Test Results
- Citizenship Record/Achievement

### AUTHORIZATION STATEMENT AND SIGNATURE

I authorize \_\_\_\_\_ to release the above information to The Samuel School.  
School

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

Please mail this information to: The Samuel School Admissions Office  
411 S. 40<sup>th</sup> Street  
Harrisburg, PA 17111