



**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.

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

**PERSONAL INFORMATION**

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

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

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

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

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

**TRANSPORTATION**

Do you wish to make use public bussing for transportation to and from school? 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?

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

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 check of \$150.00. Checks should be made payable to The Samuel School.

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

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

Please return this application to: The Samuel School  
411 S. 40th Street  
Harrisburg, PA 17111