



# Application for Admission

Belleville Mennonite Preschool

P.O. Box 847

Belleville, PA 17004

Telephone: (717) 935-2184

Fax: (717) 935-5641

## A. Student Information

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

Student name (last, first, mi.): \_\_\_\_\_ Birth date: \_\_\_\_\_ Soc Security # \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Does the student have any special needs? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes explain: \_\_\_\_\_

School District in which you live: \_\_\_\_\_ Township \_\_\_\_\_

Preschool Class \_\_\_\_\_ 2 day \_\_\_\_\_ 3 day

Family Doctor (name, address and phone): \_\_\_\_\_

Father's name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name, address and phone of employer: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name, address, and phone of employer: \_\_\_\_\_

Grandparent 1's Name and address if alive: \_\_\_\_\_

Grandparent 2's Name and address if alive: \_\_\_\_\_

Emergency telephone number and relation to student: \_\_\_\_\_

Full name of Church and Pastor: \_\_\_\_\_

Church address: \_\_\_\_\_

Father member: Yes \_\_\_\_\_ No \_\_\_\_\_ Mother member: Yes \_\_\_\_\_ No \_\_\_\_\_ Do you attend regularly Yes \_\_\_\_\_ No \_\_\_\_\_

## *Return Application and Fee to Superintendent*

Application fee for preschool - \$10.

**B. Why do you want your child to attend B.M.S.?**

**C. I/We would be willing to volunteer in these areas as our time allows.**

School Sale \_\_\_\_\_ Faith Promise Dinner \_\_\_\_\_ School Mailings \_\_\_\_\_ Banquets \_\_\_\_\_ Cafeteria \_\_\_\_\_

RACE \_\_\_\_\_ Room Aide \_\_\_\_\_ Sports Teams \_\_\_\_\_ Golf Tournament \_\_\_\_\_

**Signed:**

\_\_\_\_\_ Father \_\_\_\_\_ Mother

\_\_\_\_\_ Guardian \_\_\_\_\_ Guardian

\_\_\_\_\_ Date