

# REVIVAL HILL CHRISTIAN HIGH SCHOOL

*Bishop Troy K. Grant, III, founder & headmaster*

322 W. Mt. Pleasant Ave. • Philadelphia, PA 19119 • phone: 215-753-9088 • fax: 215-753-0755

## APPLICATION FOR ADMISSION

DATE OF APPLICATION: \_\_\_\_\_ HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_

AGE: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ SSN: \_\_\_\_\_ GENDER: M  F

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CURRENT SCHOOL: \_\_\_\_\_

CURRENT GRADE LEVEL: \_\_\_\_\_ APPLYING FOR GRADE: 9  10  11  12

WHAT IS YOUR CHURCH AFFILIATION? (IF APPLICABLE) \_\_\_\_\_

EXPLAIN WHEN AND HOW YOU WERE SAVED. (IF APPLICABLE) \_\_\_\_\_

\_\_\_\_\_

LIST ALL SCHOOLS THE STUDENT HAS ATTENDED DURING THE LAST FOUR YEARS:

Dates of attendance	Grades	School	Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FATHER'S (OR GUARDIAN'S) NAME: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ WORK PHONE #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

MARITAL STATUS: Married  Separated  Divorced  Widowed  Single Parent  Never Married

MOTHER'S (OR GUARDIAN'S) NAME: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ WORK PHONE #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

MARITAL STATUS: Married  Separated  Divorced  Widowed  Single Parent  Never Married

SECOND PARENT INFORMATION:

PARENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Do you wish reports to be mailed to this address? Yes  No

Has student ever had any disciplinary difficulties in school: Yes  No

If yes, please explain: \_\_\_\_\_

Staff member at current school who knows student best: \_\_\_\_\_

Has educational testing been done? Yes  No

By whom? \_\_\_\_\_ Date: \_\_\_\_\_

Has student ever availed him- or herself of the following services through the school, community or private sources?

Remedial Services  Tutoring  Professional Counseling

Psychological Evaluation  Psychiatric Evaluation  Certified Addictions Counseling

Has this student been diagnosed with a Learning Disability? Yes  No

Does this student have an IEP (Individual Education Plan)? Yes  No

Have there ever been any instances of involvement with civil authorities? Yes  No

If yes, please explain: \_\_\_\_\_

Has student ever been suspended or dismissed from any school attended? Yes  No

If yes, please explain: \_\_\_\_\_

#### REQUEST FOR TEXTBOOKS AND MATERIALS FROM THE STATE

State legislation authorizes the loan of textbooks and instructional materials by the Secretary of Education to children enrolled in kindergarten through twelfth grade in nonpublic schools. In order to receive these materials, it is required that the parent request the materials by signing below.

I hereby request the Secretary of Education of the Commonwealth of Pennsylvania, the loan of textbooks and instructional materials in accordance with Act 195 (1972) and Act 90 (1975) for my child attending Revival Hill Christian High School. (Pennsylvania residents only.)

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

DATE \_\_\_\_\_

I understand and agree to the following:

1. I agree to help my child understand the teachings of Jesus and to model such for my child(ren).
2. I give permission for my child(ren) to take part in all school activities, including school prayer, devotions, and school-sponsored trips away from the school premises.
3. I understand that the school reserves the right to dismiss any student who does not abide by the school policies.
4. I understand that the school reserves the right to dismiss any student whose parents/guardians do not abide by school policies.
5. I understand the uniform dress code for students and will abide by this code.
6. I agree that photographs, video footage, or interviews of my child(ren), along with their first name, may be used in Revival Hill Christian High School's publicity including the school's web page and/or fundraising material.
7. I agree to participate in parent meetings, report card conferences and all school activities, including fundraising, as required.
8. I understand that my child will be invited to return Revival Hill Christian High School if his or her behavior and academic efforts are acceptable and tuition accounts are current.
9. I agree to remain current in my tuition responsibilities.
10. I understand that if my tuition is delinquent, I have five (5) days from the second missed payment attempt to become current or my child will be suspended from school until payment is received. (See Tuition Policy for more information)
11. I agree to cooperate and support all school discipline and homework policies.
12. I agree to provide all necessary fees for materials needed to support the curriculum (as in novels, lab goggles, etc.) as directed by Revival Hill Christian High School.
13. I agree to provide all necessary fees for extracurricular school activities as directed by Revival Hill Christian High School.
14. I will participate in or send a family representative to two (2) parent-teacher conferences held on behalf of my child(ren). I understand that these conferences are mandatory and I will abide by this policy.
15. I understand that regular school attendance and promptness is important to educational success. I agree that my child(ren) will be prompt to school and to contact the office immediately in the case of an absence.
16. I understand and agree that my child(ren) will participate in the after school program should they have less than a "B" average in any major class.
17. I am willing to have my child(ren) taught according to the teachings of Jesus Christ and policies of Revival Hill Christian High School.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

DATE \_\_\_\_\_