



Hope Christian School

6450 Hope Way * Hanover, PA 17331-
Phone: (717) 633-1479 * FAX: (717) 633-9591

Student Application

Entering Grade _____ for the _____ school year.
Please provide complete, legible information. Submission of this application is non-binding.

GENERAL INFORMATION

Student Name _____
(Last) (First) (Middle)

Mailing Address _____

City _____ State _____ Zip +4 _____

Home Phone (_____) _____ School District _____ County _____

Birthdate _____ Social Security Number _____ Sex _____

FAMILY INFORMATION

Family Information:
Parent / Guardian 1

Title (Mr., Mrs., etc.) _____

First Name _____

Last Name _____

Relation to Student _____

Employer _____

Occupation _____

Work Phone _____

Home Phone _____

E-Mail Address _____

Address _____

City/State/Zip _____

Additional Contact Numbers (cell, pager, etc)

Family Information:
Parent / Guardian 2

Title (Mr., Mrs., etc.) _____

First Name _____

Last Name _____

Relation to Student _____

Employer _____

Occupation _____

Work Phone _____

Home Phone _____

E-Mail Address _____

Address _____

City/State/Zip _____

Additional Contact Numbers (cell, pager, etc)

CHURCH AFFILIATION

What church do you attend? _____

Church Address _____
Street City State Zip

Pastor's Name _____ Phone (____) _____

Are you a member? _____ Yes _____ No

BROTHERS AND SISTERS

Name School Attending Current Grade

1. _____

2. _____

3. _____

SCHOOL

Name of School or Day Care _____

Street Address _____

City _____ State _____ Zip + 4 _____

Phone (____) _____

Why are you considering changing school? _____

How did you hear about Hope Christian School? _____

Date _____ Signature of Parent or Guardian _____

Hope Christian School admits students of any race, color, nationality, or ethnic origin.

Acceptance will not be final until the Application Fee is paid and the Parent Agreement Form is signed.