

**APPLICATION FOR ADMISSION**  
 Linville Hill Mennonite School  
 295 South Kinzer Road \* Paradise, PA 17562  
 (717)442-4447

Father \_\_\_\_\_ Address \_\_\_\_\_  
 Mother \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone (    ) \_\_\_\_\_ E-mail \_\_\_\_\_  
 School District \_\_\_\_\_ Township \_\_\_\_\_  
 Father's Job \_\_\_\_\_ Employer \_\_\_\_\_ PH# \_\_\_\_\_  
 Mother's Job \_\_\_\_\_ Employer \_\_\_\_\_ PH# \_\_\_\_\_  
 Church Name \_\_\_\_\_  
 Pastor \_\_\_\_\_ Address \_\_\_\_\_

NAMES OF CHILDREN APPLYING FOR ADMISSION (Use back if more space is needed.)

| FIRST | MIDDLE | AGE   | BIRTHDATE | GRADE TO ENTER |
|-------|--------|-------|-----------|----------------|
| _____ | _____  | _____ | _____     | _____          |
| _____ | _____  | _____ | _____     | _____          |
| _____ | _____  | _____ | _____     | _____          |
| _____ | _____  | _____ | _____     | _____          |

CHILDREN 4 YRS AND YOUNGER IN FAMILY

| FIRST | MIDDLE | BIRTHDATE | FIRST | MIDDLE | BIRTHDATE |
|-------|--------|-----------|-------|--------|-----------|
| _____ | _____  | _____     | _____ | _____  | _____     |
| _____ | _____  | _____     | _____ | _____  | _____     |

Why do you wish to enroll your child(ren) at LHMS?

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Has either parent ever been divorced? \_\_\_\_\_ If yes, give details on a separate sheet.

Please list any special services your child has received in the past along with approximate dates.

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List any special services your child currently needs. \_\_\_\_\_

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Has your child ever been dismissed or withdrawn from a school? Yes \_\_\_\_\_ No \_\_\_\_\_

In signing this application I understand and am willing to grant that:

1. My children will be trained in accordance with Linville Hill Mennonite School's Mission Statement.
2. The registration fee is not refundable except when the school refuses admission. If after screening tests for kindergarten, parents decide to wait a year to enroll, the registration fee will be carried forward to the following year.

I also agree to the following:

1. Support Linville Hill with prayer
2. Attend and participate in school functions
3. Support the school board, administration, and teachers of Linville Hill

|  |          |
|--|----------|
| Non-refundable Registration Fee (per family) . . . . . | \$250.00 |
| before MARCH 1 . . . . .                               | \$150.00 |

Sign and date below:

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

Date \_\_\_\_\_ Registration Fee Attached \_\_\_\_\_