



598 Stevens Road, Ephrata, PA 17522
717-738-4266 | office@ephratamennonite.org

Application for Enrollment

Family Information

	Father	Mother
Full Name:	_____	_____
Occupation:	_____	_____
Employer:	_____	_____
Education:	High School _____ years College _____ years	High School _____ years College _____ years

Are you committed to following Jesus Christ and building His kingdom?

Yes No

Yes No

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email Address: _____

Home Address: _____

Local School District: _____

Are you applying for the admission of all your children of our school age? Yes No

If not, please state reason: _____

Do you anticipate any need for financial aid? Yes No

Do you anticipate requiring busing to/from school? Yes No

Name of Church Fellowship: _____

Pastor's Name: _____

What church activities are you actively involved in?

Why do you wish to enroll your child(ren) in a Christian School?

Why are you choosing Ephrata Mennonite School?

Name and address of: Paternal Grandparents _____

Address _____

Maternal Grandparents _____

Address _____

Request for Textbooks and Materials

To be completed by parents/guardians of Pennsylvania residents only.

The state of Pennsylvania provides some funds to be used for purchasing textbooks and other instructional materials. One requirement for usage of these funds is that parents "request" the usage of these materials. Please complete this request by placing a check on the line below.

_____ I hereby request the loan of instructional materials and textbooks in accordance with Act 90 of 1975 and Act 195 of 1972 for my child attending Ephrata Mennonite School.

Permission to Use Student Name

_____ I give permission to use my student's name and photo in online media as well as news releases produced by Ephrata Mennonite School.

Permission to Use Technology Resources

_____ I give my child permission to use Ephrata Mennonite School's technology resources which include online and cloud-based applications such as G Suite (Google Apps), Spelling City, IXL, and EduTyping.

Parent/Student Covenant With Ephrata Mennonite School

We understand that being a part of EMS is a privilege and responsibility. By signing below, I give permission to Ephrata Mennonite School to contact pastors and former schools for references that may be used in the enrollment process. We covenant with the school to:

1. Consider the school community to be a group of persons led together by God. This realization will affect the way we treat others and the way we open ourselves to learn from them.
2. Help to make EMS a better place because we are a part of the school community.
3. Share the responsibility for learning and decision making.
4. Be supportive of the school's mission and vision as outlined in the Ephrata Mennonite School Family Handbook. We recognize the right of the school to dismiss any student or dissolve the relationship with any parent who does not support and contribute to the vision and mission of the school.
5. Be willing to support the doctrinal positions of Ephrata Mennonite School as outlined in the 1963 Mennonite Confession of Faith and abide by the following Position Statements.
6. Be open to growing academically, physically, socially, emotionally, and spiritually, as church, school and home partner together. We understand that, as part of the partnership, the school may at times confer with our pastor.
7. Support the school with finances and prayer.
8. Take advantage of appropriate channels for dialogue.

Signature of Father or Guardian _____ Date: _____

Signature of Mother or Guardian _____ Date: _____

Student Information

Please complete one copy of this page for each child that is applying for entrance to Ephrata Mennonite School.

Full Name: _____

Birth Date: _____ Race/Ethnicity: _____

Grade to be entered upon enrollment: _____

Was any grade repeated? Yes No If "Yes", which? _____

Name and address of former school, if transferring:

How does this child feel about attending Ephrata Mennonite School?

What special interests or abilities does this child have? (physical, intellectual, artistic, musical, social, hobbies, etc.) _____

From your experience or observation, does this child have any of the following problems that his teachers should be aware of (physical, learning disabilities, emotional, personal habits, etc.)? Please explain below.

Has this student ever been placed in any of the following programs?

_____ math remediation _____ speech therapy _____ gifted program
_____ reading remediation _____ learning disabilities
_____ emotionally handicapped program _____ Other: _____

(For Kindergarten) Does your child attend Sunday School independently with ease?

Yes No

(For Kindergarten) While we realize that plans can change over time, at this point what time frame do you anticipate that your child will spend at Ephrata Mennonite?

Please include a copy of the following for all applicants:

1. A copy of the student's immunization records
2. A copy of the student's most recent report card (K-8) or an official transcript (9-12)
3. Other academic records may be requested

Thank you for your cooperation. May God bless you as you plan for your family's future!

Admission to Ephrata Mennonite School is open to all students regardless of race, sex, color, national origin, age or disability.

Note: All applications are reviewed and submitted for approval to our school board.

Please mail this form to: **Ephrata Mennonite School**
598 Stevens Road
Ephrata, PA 17522

To be completed by students applying for Grades 9-12 only:

Have you made a commitment to being a follower of Jesus? Yes No

If "Yes", please describe both the successes and challenges of your Christian walk.

In your own words, state why you want to attend Ephrata Mennonite School.

I have read the policies outlined in the Student Handbook and am willing to abide by them.
Yes No

Student Signature _____ Date: _____