

**GREENWOOD MENNONITE SCHOOL  
12802 MENNONITE SCHOOL ROAD  
GREENWOOD, DE 19950**



**APPLICATION FOR ADMSSION**

*Thank you for your interest in Greenwood Mennonite School.  
Our goal is to provide a quality education in an environment  
that promotes growth in Christian faith and life.*

*I. Duane Miller, Principal*

Date of Application \_\_\_\_\_

**FAMILY INFORMATION**

Name of Parent(s): \_\_\_\_\_  
Last
First

Marital Status: \_\_\_\_married \_\_\_\_ divorced/separated \_\_\_\_ widowed \_\_\_\_ single

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Text? Yes/No

Email: \_\_\_\_\_

Student Resides with: \_\_\_\_ parents \_\_\_\_ mother \_\_\_\_ father \_\_\_\_ other

Church Affiliation: \_\_\_\_\_

Pastor: \_\_\_\_\_  
Name
Address
Phone

Father's Employment: \_\_\_\_\_ Mother's Employment: \_\_\_\_\_

Grandparents' Names  
 Paternal: \_\_\_\_\_ Maternal: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

**STUDENTS DESIRING ENROLLMENT**

NAME	BIRTHDATE	GRADE

**OTHER CHILDREN IN THE FAMILY**

Name \_\_\_\_\_ Birth date \_\_\_\_\_  
 Name \_\_\_\_\_ Birth date \_\_\_\_\_

1. Please complete this entire application for admission and return it to: Greenwood Mennonite School, 12802 Mennonite School Road, Greenwood, DE 19950.
2. An interview with the Admissions Committee is required before the admission process can be completed. After the school receives your application and the Pastors Recommendation Form you will be contacted to schedule the interview.  
(Please give the Pastor's form to your pastor to complete).

**Please fill in required information on the back of this page.**

**Request for Student Records**

Date of Request: \_\_\_\_\_

Originating School or Institution

Name of Previous School or Agency: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Student's Information

Legal Name:	Last	_____
	First	_____
	Middle	_____

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

Grade Level: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

The following records are hereby requested:

- |                                                                            |                                                        |
|----------------------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Transcripts or report cards                       | <input type="checkbox"/> Discipline records            |
| <input type="checkbox"/> Test data / standardized test scores              | <input type="checkbox"/> Immunization records          |
| <input type="checkbox"/> English Language (ELL) test score (if applicable) | <input type="checkbox"/> Health / medical records      |
| <input type="checkbox"/> List of courses and grades at time of withdrawal  | <input type="checkbox"/> Sports physical documentation |
| <input type="checkbox"/> Attendance records                                | <input type="checkbox"/> Psychological records         |
| <input type="checkbox"/> Individual Literacy Plan (if applicable)          | <input type="checkbox"/> Sociological records          |
| <input type="checkbox"/> IEP (Individual Education Plan) if applicable     | <input type="checkbox"/> Copy of birth certificate     |
| <input type="checkbox"/> 504 Plan (if applicable)                          | <input type="checkbox"/> Other _____                   |

Signature of Requesting School Representative:

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Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE FAX TO:** 302-349-5076 and **MAIL TO:** Greenwood Mennonite School  
12802 Mennonite School Road  
Greenwood, DE 19950

We believe that the main purpose of the Christian school is to assist the Christian home in educating and equipping youth to live in obedience to the Lord Jesus. Because of this, we are very interested in the spiritual testimony of the parents. Please share your beliefs and testimony by answering the following questions:

1. Who is Jesus Christ?

2. What is a Christian?

3. Are you a Christian? \_\_\_\_\_ Is your spouse a Christian? \_\_\_\_\_  
If the answer is yes, please give a short testimony as to how you became a Christian.

4. How often do you attend church as a family?

5. In what ways are you participating in the life and activities of the church?  
Father:

Mother:

6. What spiritual values are you currently teaching your child (children) and how?

7. Please give your reasons for wanting to enroll your child (children) in our school.

8. Do any of the applying children have a known physical or mental handicap or a learning disability? If so, please describe.

Signature of parent completing this form \_\_\_\_\_

Spouse's Signature \_\_\_\_\_



GREENWOOD MENNONITE SCHOOL  
12802 MENNONITE SCHOOL RD.  
GREENWOOD, DE 19950  
**PASTOR'S RECOMMENDATION FORM**

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Applicant: Please fill in the following information and give to your pastor to complete.

Parents Names: \_\_\_\_\_

Student(s) desiring enrollment: \_\_\_\_\_ entering grade \_\_\_\_\_

\_\_\_\_\_ entering grade \_\_\_\_\_

\_\_\_\_\_ entering grade \_\_\_\_\_

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Instructions to person completing this form:

The family above is applying for admission to Greenwood Mennonite School. They have named you as pastor. We are seeking information to help in determining the adaptability of this family to a Christian school. Please give a frank and honest evaluation. If the student is entering grade 9 or above please give answers for both the student and the parents, otherwise base your answers on the parents. Thank you.

1. Are the applicants Christians? If so, describe their commitment and spiritual growth. If not, what is their attitude toward Christianity?
2. What are the applicants' attitudes toward the church?
3. What are your observations concerning home relationships?
4. Does the student have any personality, physical or emotional problems the school should be aware of? If so, describe.
5. Why do you recommend this student for enrollment at GMS?
6. Does the student or parents have practices or habits which are in conflict with the standards or values of GMS? If so, describe.
7. Write additional information we should know that could be helpful in understanding this applicant.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Please return this form promptly to the above address or fax to 302-349-5076.