

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



APPLICATION FOR ADMISSION

*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:

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 _____

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12802 MENNONITE SCHOOL RD.
GREENWOOD, DE 19950

PASTOR'S RECOMMENDATION FORM

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

Parents Names: _____

Student(s) desiring enrollment: _____

Entering grade(s) _____

Instructions to person completing this form:

The family above is applying for admission to Greenwood Mennonite School. According to our policy, "at least one parent needs to be a born again Christian and must participate in or attend a local Christian fellowship." They have named you as their 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.

1. Does this family attend the church you pastor?
2. From what you know, is at least one of the parents a born-again Christian? If so, describe their commitment and spiritual growth. If not, what is their attitude toward Christianity?
3. In what ways are the applicants involved in your church, and what are their attitudes towards it?
4. What are your observations concerning home relationships?
5. Does the student have any personality, physical or emotional problems the school should be aware of? If so, describe.
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. Do you recommend this student for enrollment at GMS?

Name: _____ Phone: _____

Date: _____ Congregation: _____

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