



To educate the next generation with Biblical worldview to lead, serve others, and love God.

754 East Rockhill Road • Sellersville, PA 18960-1799
Phone: (215) 536-9200 • Email: admissions@upperbucks.org • Web Site: www.upperbucks.org

STUDENT APPLICATION

Entering Grade _____ for the _____ school year

Please provide complete, legible information. Submission of this application is non-binding.

STUDENT INFORMATION

Last Name	First	Middle	Preferred
Mailing Address _____ <small>Box • Street • Apartment Number</small>			
City	State	Zip + 4	
School District		County	
Birthdate	Social Security Number	Sex	

FAMILY INFORMATION

Name of Father	Name of Mother				
Home Telephone Number	Family Email Address				
Father Cell Phone	Mother Cell Phone				
Father Work Phone	Mother Work Phone				
Marital Status:	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> Single
Student resides with:	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Other	
Financial Responsibility:	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Other	

(Over)

CHURCH AFFILIATION

What church do you attend?

Member? Yes No

Church Address

Street

City

State

Zip

Pastor's Name

Telephone ()

SCHOOL

Please complete the following information about the school your child last attended.

Name of School or Day Care

Homeschooled

Street Address

City

State

Zip + 4

Telephone ()

How did you hear about Upper Bucks Christian School?

Date

Signature of Parent or Guardian

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

REGISTRATION FEE IS TO ACCOMPANY THIS APPLICATION.
MAIL TO: 754 EAST ROCKHILL ROAD, SELLERSVILLE, PA 18960
EMAIL TO: ADMISSIONS@UPPERBUCKS.ORG