

List siblings beginning with the oldest:

Educational Information:

Reason you have selected the Punxsutawney Christian School?

Have you attended another school? • Yes • No (if yes, please state which school)

School Name: _____

School Address: _____

City: _____ State: _____ Zip Code: _____

In addition to this form you will be required to sign a “Transfer of Records Request Form” if your child was previously enrolled in any other educational facility. This includes Kindergarten and above.

Did you child attend Preschool? • Yes • No If so, where? _____

Does your child have any physical limitations or special education requirements, which might require some adjustment to his/her student schedule? • Yes • No (if yes, please explain)
