

KNOXVILLE CHRISTIAN SCHOOL
Independent Study Program
High School Application for Admission
2010-2011

FAMILY INFORMATION (Please Print)

Last _____ **Father's Name** _____ **Mother's Name** _____

Home Address _____
Street Address _____ **City** _____ **State** _____ **zip** _____

Phone Number _____ **E-mail** _____

Church Affiliation _____

Referred By _____

STUDENT INFORMATION

Name _____ **Grade Entering** _____ **DOB** _____ **SS#** _____

Name _____ **Grade Entering** _____ **DOB** _____ **SS#** _____

PREVIOUS SCHOOL RECORDS

Name of School Last Attended _____

School Address _____
Street _____ **City** _____ **State** _____ **Zip** _____

We have read the School Philosophy and agree to adhere to the procedures and policies of Knoxville Christian School's Independent Study Program.

Parent's Signature _____ **Date** _____

ALL FEES ARE NONREFUNDABLE.
Make checks payable to Knoxville Christian School Home School (KCSHS).

Application Fee _____ **Registration Fee** _____ **Bible Fee** _____
Graduation Fee _____ **Testing Fee** _____ **Total** _____

Date Payment Received _____ **Check Number** _____