APPLICATION FOR ADMISSION
TO
KNOXVILLE CHRISTIAN SCHOOL HOME SCHOOL PROGRAM
2010-2011

Please Print Family Information:

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

Home Address _____
Street Address **City** **State** **Zip**

Phone Number (____)_____E-mail _____
Area Code **Father or Mother**

Church Affiliation _____

Referred By _____

Names of Children Applying for Admission	**Grade Applying**
1._____	_____
2._____	_____
3._____	_____
4._____	_____

I/We have read and agree to adhere to the General Policies and School Philosophy of the Knoxville Christian School Home School Program.

Parents' Signature

_____
Father or Mother **Date**

Make checks payable to Knoxville Christian School/Home School (KCS/HS). ALL FEES ARE NONREFUNDABLE.

<u>For Office Use</u>

Registration Fee(s)_____ **Testing Fee(s)**_____ **Total** _____

Date Payment Received _____ **Check Number** _____