



Redeemer Classical Christian School
 6425 Mt. Vista Road
 Kingsville, MD 21087
 Admission Office: 410-592-9625
 Fax: 410-817-6904
www.rccs.org

Date Received _____
 Office Use Only

Application for Admission

Please Print All Information

Social Security Number _____

Application for: grade _____ year _____

Full legal name of applicant _____ Date of birth _____

Place of birth _____ Age _____ Gender _____

Home address _____

Street City State Zip

Present church _____ Pastor's Name _____

Religious affiliation _____

Present school _____ Present grade _____

School's address _____

Street City State Zip

School's phone number _____

Other schools attended in last three years _____

Father's name in full _____

Home address _____

Home phone _____ Business phone _____ Cell Phone _____

Email _____ Occupation _____

Business name & address _____

Mother's name in full _____

Home address _____

Home phone _____ Business phone _____ Cell Phone _____

Email _____ Occupation _____

Business name & address _____

If parents are (please check one) separated divorced mother deceased father deceased

With whom does applicant live? _____

Names, ages and schools of the other children in the family _____

Person responsible for tuition _____
Reports and correspondence sent to _____
Name in full _____
Home address _____

List all relatives who have attended or are attending Redeemer.

Name	Year of Graduation	Relationship

Has your child ever had to repeat a grade? _____ Has your child ever skipped a grade? _____ Has your child been tested for learning disabilities? _____ Has your child ever been suspended, expelled or asked to withdraw from any school for any reason? _____ **If you answered yes for any of these, please give full particulars on a separate page.**

Is the applicant currently taking any prescribed medication? If yes, please explain _____

On a separate sheet, please describe your child's character strengths, extracurricular activities and any condition or situations that may affect or have affected your child's development (i.e. premature birth, ear infections, asthma, etc.) Please include any health related concerns.

If you are interested in applying for financial aid, please contact the Admission Office to request the appropriate form.

A non-refundable application fee of \$100 must accompany this application.

Signature of Father Date

Signature of Mother Date

Mission Statement

To provide a challenging academic program which is based on the classical model of education, and which fully integrates God's truth into a Biblical world and life view, partnering with parents to facilitate the development of each child's God-given potential.

For Office Use Only, Please

Date Application Received: _____
Application Fee Received: _____ Check # _____
Interview/Testing/Shadow Date: _____
Accepted?: _____
Any Conditions?: _____
Date Parents Notified: By Letter: _____ By Phone: _____