



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

Date of Application _____

Application for Admission Grade 7-12

Please Print All Information

Application for: grade _____ year _____

Full legal name of applicant _____ Date of birth _____

Home address _____
Street City State Zip

Present church _____

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? _____

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 and any other information that would be beneficial for us to know in order to more effectively teach your child?

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

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: _____

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.