

KNOXVILLE CHRISTIAN SCHOOL
Independent Study Program
High School Application for Admission
2008-2009

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 _____ Total _____

Date Payment Received _____ Check Number _____