

**Faith Temple Christian School**  
**1007 W. 7th Street**  
**Chester, PA 19013**

Student's Name \_\_\_\_\_ Date Birth \_\_\_\_\_

Address \_\_\_\_\_

Zip Code \_\_\_\_\_ County \_\_\_\_\_ Telephone: \_\_\_\_\_

Last School Attended \_\_\_\_\_

School Address \_\_\_\_\_ Telephone: \_\_\_\_\_

Last Grade Completed \_\_\_\_\_ Physical Handicap \_\_\_\_\_

Classification/IEP \_\_\_\_\_ If "yes" Briefly Explain: \_\_\_\_\_

Behavioral Issues: \_\_\_\_\_

Parent or Guardian/Mother Full Name: \_\_\_\_\_

\_\_\_\_\_ Address and Phone Same As Above. Email Address: \_\_\_\_\_

Address \_\_\_\_\_

Zip Code \_\_\_\_\_ County \_\_\_\_\_ Telephone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Parent or Guardian/Father Full Name: \_\_\_\_\_

\_\_\_\_\_ Address and Phone Same As Above. Email Address: \_\_\_\_\_

Address \_\_\_\_\_

Zip Code \_\_\_\_\_ County \_\_\_\_\_ Telephone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

EMERGENCY:

Name: \_\_\_\_\_ Address \_\_\_\_\_

Telephone# \_\_\_\_\_

Church Presently Attending: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Reason For Enrollment: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_