

To educate the next generation with a Biblical worldview to lead, serve others, and love God.

2310 Muskrat Road • Sellersville, PA 18960-1799 Phone: (215) 536-9200 • Email: admissions@upperbucks.org • Web Site: www.upperbucks.org

## STUDENT APPLICATION

Entering Grade		for the			school year
Please provide	complete, legil	ble information.	Submission o	of this applicat	ion is non-binding.
STUDENT INFO	RMATION				
Last Name		First	Mid	ddle	Preferred
Mailing Address					
		Box • Street • Ap	partment Number		
City			Sta	te	Zip + 4
School District					County
Birthdate Social Security		Number		Sex	
		·			
FAMILY INFORM	MATION				
Name of Father			Name of Mother		
Home Telephone Number			Family Email Address		
Father Cell Phone			Mother Cell Pho	ne	
Father Work Phone			Mother Work Phone		
Marital Status:	☐ Married	☐ Separated	☐ Divorced	☐ Widowed	☐ Single
Student resides with:	☐ Both Parents	☐ Mother	☐ Father	☐ Other	
Financial Responsibility:	☐ Both Parents	☐ Mother	☐ Father	□ Other	
Did Father graduate fror	- Year:	Did Mother gradu	uate from UBCS?	Yes / No - Year:	

(Over)

FAMILY INFORMATION (CONTINUED)	
In order to reach out for our special events, we re	quest information about grandparents.
Name of Paternal Grandparents	Name of Maternal Grandparents
Mailing Address	Mailing Address
Email Address	Email Address
CHURCH AFFILIATION	
What church do you attend?	Member? ☐ Yes ☐ No
Church Address	
Street Pastor's Name	City State Zip  Telephone ( )
addi o Namo	- coopnient ( )
SCHOOL	
Please complete the following information	about the school your child last attended.
Name of School or Day Care	☐ Homeschooled
Street Address	
City	State Zip + 4
Telephone ( ) Office	ce Email:
How did you hear about Upper Bucks Christian Schoo	ol?
Date Signatur	e of Parent or Guardian

Upper Bucks Christian School admits students of any race, color, nationality, or ethnic origin.

REGISTRATION FEE IS TO ACCOMPANY THIS APPLICATION.
MAIL TO: 2310 MUSKRAT ROAD, SELLERSVILLE, PA 18960
EMAIL TO: ADMISSIONS@UPPERBUCKS.ORG