

Shawnee Mission Christian School
4901 Mission Road
Westwood, KS 66205
(913) 384-4434

Application for Admission

Date _____

Applying for: Fall _____ Spring _____ School Year 20__ - 20__ Grade Entering _____
(Kindergarteners must be 5 years old by September 1st)

Student's Name _____
Last First Middle

Address _____
Street City State Zip Code

Birth Date _____ Age _____ Birth Place _____ Male _____ Female _____

Contact phone # () _____

E-mail address (for Thinkwave, Newsletter, This Week, etc) _____

Additional parent e-mail address _____

Student email address (if applicable) _____

Marital status of parents (please check appropriate box)

Married Single Parent Separated Divorced Remarried Widow/widower

Father's Name _____
Last First Middle

Cell phone # () _____ Work phone # () _____

Employer _____

Mother's Name _____
Last First Middle

Cell phone # () _____ Work phone # () _____

Employer _____

