

For office use only

Date \_\_\_\_\_ Applying for grade (circle one) 9 10 11 12

**Student Information** (please print clearly)

Name \_\_\_\_\_  
Last First Middle Preferred Name Gender

Address \_\_\_\_\_  
Number and street address City State Zip

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Place of birth \_\_\_\_\_  
City State Date of Birth

**International Students only:** Will you need an I20  Yes  No

Country of birth \_\_\_\_\_ Current country of residence \_\_\_\_\_

Agent or agency Name \_\_\_\_\_ Address \_\_\_\_\_ Email \_\_\_\_\_ phone \_\_\_\_\_

Skype account: \_\_\_\_\_

Ethnic background (for reporting purposes)  African American  Caucasian  
 Asian  Latino  Other \_\_\_\_\_

Last school attended \_\_\_\_\_

Address \_\_\_\_\_

Public school district in which you live \_\_\_\_\_

I attend church (check one)  regularly  sometimes  not very often

Congregation \_\_\_\_\_ Denomination \_\_\_\_\_

Church Address \_\_\_\_\_

Pastor \_\_\_\_\_ Youth pastor/leader \_\_\_\_\_

Co-curricular interests (check all that apply)  Art  Robotics  
 Drama (character roles, backstage positions)  Music (choir, orchestra, band, jazz band)  
 Class officer/Student government  Chapel planning/participant  
 Sports (list all that apply) \_\_\_\_\_  
 Student Publications (writing, photography, layout word processing)

Student: State in your own words why you want to attend Christopher Dock Mennonite High School.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Give an example of a meaningful faith experience you have had: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student signature

Attach current photo here

**Applications are complete when CDMHS has received the following:**

- Student and Family Application
- \$50 non-refundable application (fee is waived if application is submitted by February 15)
- Copy of student's most recent report card and report cards from the previous two years – please submit with this application
- Official transcript from sending school
- Additional documents at the discretion of CDMHS

Christopher Dock Mennonite High School welcomes students without regard to gender, race, nationality, or ethnic origin.

## Student and Family Application

### Family Background

Are you new to Dock?  yes  no      Are you returning to Dock?  yes  no

Are you a current Dock Family?  yes  no

First parent/guardian \_\_\_\_\_  
Last First Middle

Relationship \_\_\_\_\_ If CDMHS graduate, year of graduation \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Occupation/position \_\_\_\_\_

Employer \_\_\_\_\_ Work phone \_\_\_\_\_

Second parent/guardian \_\_\_\_\_  
Last First Middle

Relationship \_\_\_\_\_ If CDMHS graduate, year of graduation \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Occupation/position \_\_\_\_\_

Employer \_\_\_\_\_ Work phone \_\_\_\_\_

Marital status of student's parents:  married  separated/divorced  widowed  single

Student resides with:  parents  mother  father  guardian  other

Parent's church \_\_\_\_\_

Denomination \_\_\_\_\_

Is a financial aid application needed?  yes  no

Non-custodial parent if not listed above (optional)  mother  father

Name \_\_\_\_\_  
Last First Middle

Spouse (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Information the non-custodial parent should receive:  
 report card  monthly parent newsletter email \_\_\_\_\_

Is this parent helping with tuition?  yes  no

## Student and Family Application

How did you hear about Dock? \_\_\_\_\_

\_\_\_\_\_

Why are you encouraging your student to enroll at Christopher Dock? \_\_\_\_\_

\_\_\_\_\_

Please note information that would be helpful in considering this application  
(include special needs, gifts, abilities or situations) \_\_\_\_\_

\_\_\_\_\_

In one or two sentences, please state what your faith means to you:

Father \_\_\_\_\_

\_\_\_\_\_

Mother \_\_\_\_\_

\_\_\_\_\_

Rank of applicant child in family 1 2 3 4 5 6

List the names and grades of student's brothers and sisters:

Name	Grade in school	School attending
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list student's grandparents:

Paternal \_\_\_\_\_

Address & Phone \_\_\_\_\_

Maternal \_\_\_\_\_

Address & Phone \_\_\_\_\_

### Educational Services

Has the student ever been recommended for special or gifted education?  yes  no

If yes, briefly describe: \_\_\_\_\_

Has a psychological/educational evaluation been completed?  yes  no

If yes, date of testing: \_\_\_\_\_

What documentation supports the needs of the student (IEP, 501, POA)? Please provide date of  
documentation. \_\_\_\_\_

Is the student currently receiving learning support in school?  yes  no

If yes, please explain: \_\_\_\_\_

Has the student had behavioral difficulties in school?  yes  no If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

**Please note:** Students applying for learning support services may receive academic testing by the  
Dock Learning Support staff to determine placement.

## Student and Family Application

### Health Information

Does the student have medical insurance?  yes  no

Student's Doctor \_\_\_\_\_ Phone number \_\_\_\_\_

Address \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

We authorize CDMHS to treat student.  yes  no

We authorize CDMHS to call doctor if needed.  yes  no

We authorize CDMHS to call ambulance if needed.  yes  no

Record any aspects of student's medical history CDMHS should be aware of: \_\_\_\_\_

\_\_\_\_\_

Signatures \_\_\_\_\_

Father

Mother

### Requests for Textbooks and Materials

I hereby request the loan of textbooks and instructional materials in accordance with Pennsylvania Act 195 and Act 90 for my child attending Christopher Dock Mennonite High School.

\_\_\_\_\_

Date

Parent/Guardian Signature

### Photograph Release

We hereby give permission to CDMHS to use photographs and video of our child in school publications, advertising, the Dock web site, Facebook page and other media.

\_\_\_\_\_

Date

Parent/Guardian Signature

### Records Transfer Authorization

Our signatures below grant permission for the official academic and health records of

\_\_\_\_\_ to be transferred from

\_\_\_\_\_ (school formerly attended)

to Christopher Dock Mennonite High School.

### Application Signatures

\_\_\_\_\_

Father or Guardian

Mother or Guardian

\_\_\_\_\_

Date

Christopher Dock  
Mennonite High  
School

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Lansdale, PA 19446

215.362.2675

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www.dockhs.org