



Application for Admission

Please fill out the form and return to Bucksport Christian School, P.O. Box Q, Bucksport, ME 04416. Fields marked with an asterisk are required. All applications are reviewed on an individual basis. Attendance at Bucksport Christian School is a privilege, not a right. Bucksport Christian School does not discriminate based on race, color, or nationality.

Student Information

First Name*: _____ Last Name*: _____

Gender* (circle one): Male Female Birthdate*: _____ Place of Birth*: _____

Email: _____

Address*: _____
Street City State Zip

Do you attend church regularly?* (circle one): Yes No

If yes, list church. If no, please explain: _____

Parent / Guardian Information

Father's First Name*: _____ Father's Last Name*: _____

Father's Email: _____ Phone*: _____

Mother's First Name*: _____ Mother's Last Name*: _____

Mother's Email: _____ Phone*: _____

Family Information

Does applicant have any siblings?* (circle one): Yes No

If yes, please list:

Sibling: _____ Age: _____

Sibling: _____ Age: _____

Sibling: _____ Age: _____

Sibling: _____ Age: _____

Educational Information

Grade entering*: _____

Previous School* (if entering Kindergarten and did not attend preschool, put NA):

Has the student repeated any grades or received special help in any subjects?* (circle one)

Yes No

If Yes, Please Explain: _____

Has applicant been involved in any serious disciplinary occurrences including but not limited to suspension, probation, expulsion, or any activities resulting in a police record?* (circle one)

Yes No

If Yes, Please Explain: _____

Has applicant had any emotional or serious health problems?* (circle one)

Yes No

If Yes, Please Explain: _____

Signature

I certify that the information given in this application is true and accurate. I understand that further information may be requested before acceptance may be granted. I understand that attendance at Bucksport Christian School is a privilege, not a right and that each application is reviewed on an individual basis.

Parent / Guardian Signature: _____ Date: _____

Student Signature (4th-12th grade): _____ Date: _____

Thank you for considering Bucksport Christian School for your child's education. After submission of the application, you will be contacted for an interview to continue the admissions process. If you have questions about a current application, please call (207) 469-7121 or email info@bucksportchristianschool.com.