



STONE HILL LEARNING CENTER

Application for Admission

STUDENT INFORMATION

Grade Student will be entering in September: _____

Full Name: _____

Home Address: _____

City

State

ZIP Code

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Sex (please circle): Male Female

E-Mail Address: _____

Religion: _____ Home Church (if applicable) _____

Previous Schooling: (Name of School, City, State Years Attended)

PARENT/GUARDIAN INFORMATION

Mother's Name: _____ Dr. ___ Mrs. ___ Ms.

Address: _____

(If different from above)

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Occupation: _____

Employer: _____

Father's Name: _____ ___ Dr. ___ Mrs. ___ Ms.

Address: _____

(If different from above)

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Occupation: _____

Employer: _____

Status of Parents: ___ Married ___ Separated ___ Divorced ___ Single ___ Widowed

Religious Affiliation: (mother) _____

(father) _____

SIBLING INFORMATION

Name: _____ Age: _____

Sex (please circle): Male Female School: _____

Name: _____ Age: _____

Sex (please circle): Male Female School: _____

Name: _____ Age: _____

Sex (please circle): Male Female School: _____

Name: _____ Age: _____

Sex (please circle): Male Female School: _____

PARENT'S QUESTIONS

How did you learn about Stone Hill Learning Center?

How long have you homeschooled your child(ren), and what are your reasons for homeschooling?

How do you feel that Stone Hill Learning Center can help complement your homeschooling experience?

Does your child have any special needs (physical limitations, learning disabilities, allergies, or other health concerns, etc.)? Please explain:

How does your child interact in a group situation?

STUDENT'S QUESTIONS

What do you like to do during your free time? Do you have any special hobbies or interests?

What subject(s) do you like best and why

What subject(s) do you like least and why?

Is there anything else you would like us to know about you?

SIGNATURE PAGE

Both parents must read and sign below to signify agreement. **Application will not be accepted for consideration without both parents' signatures.**

Stone Hill Learning Center (SHLC) is a ministry of Stone Hill Church of Princeton and the Church's Board of Elders oversees its operation. It is the mission of SHLC to encourage both parents and children in their homeschooling experience, while offering group learning opportunities and additional educational resources, which complement those already existing in the home. Our educational philosophy is one that seeks to encourage students to develop their gifts and abilities as unique individuals made in the image of God. SHLC teachers are dedicated Christians who seek to live out their faith by serving the educational needs of their students while providing guidance through their Christian example. SHLC is not a school which is fulfilling state educational requirements. It is your responsibility as parent(s) to comply with your state constitutional requirements for providing your child with an "equivalent education" to that provided in public and/or private school. By signing this document, you agree with the terms and conditions set forth in the above statement of the Stone Hill Learning Center.

Mother's Signature: _____ Date: _____

Father's Signature: _____ Date: _____

**Please return this application and a \$100.00 non-refundable
application fee (\$75.00 for each additional child) to:**

Admissions, Stone Hill Learning Center

1025 Bunn Drive, Princeton, NJ 08540

***Please make checks payable to "Stone Hill Church.**