

MASON COUNTY CHRISTIAN SCHOOL
470 E Eagle Ridge Drive
Shelton, Washington 98584
TEL: (360) 426-7616 FAX: (360) 426-6582

Mr. Jim Snyder
Superintendent

STUDENT APPLICATION

(Written in his/her own handwriting, this form is to be completed by the student wishing to attend Mason County Christian School.)

Full Name: _____ Applying For Grade _____

1. Do you want to attend MCCS? _____ Why? (or Why not?) _____

2. Are you a Christian? _____ If so, please explain what you think being a Christian means. _____

3. Explain how being a Christian affects your daily life. _____

4. Which church do you attend? _____

How often do you attend? _____

5. What are some of your interests? (Favorite sport, hobbies, recreation, etc.)

6. In what school, community or church activities do you participate? _____

7. Please comment on the TV programs, videos and music you enjoy. _____

8. Have you ever had difficulty getting along with teachers, or fellow students? _____

If yes, please explain: _____

9. Are you familiar with the MCCS school rules and the dress code? _____

Are there any rules you wish could be changed? _____ Explain _____

10. Are you willing to abide by the rules as they are? _____

11. In your opinion, what would be a good response if a student were upset by something the teacher did or said in school? _____

Additional Comments: _____
