



Please describe the medication and its effects) on your child. (i.e., better focus, headaches, moodiness, etc.)

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6. What examples best describe the applicant's strengths?

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7. What examples best describe the applicant's weaknesses?

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Please submit this application along with a copy of your child's birth certificate and the non-refundable \$50.00 registration fee to our admissions office.

**Admissions Office  
Plumstead Christian School  
P.O. Box 216  
5765 Old Easton Rd.  
Plumsteadville, PA 18949**