

Gloucester County Christian School

151 Golf Club Road
Sewell, NJ 08080
(856) 589-1665

This form is to be completed by one, or both parents, as it applies.

Date: _____

Parent Name: _____

Name of church presently attending: _____

Name of Pastor: _____

Phone number of church: _____

Please write out your personal testimony as to how you came to know Jesus Christ as your personal Savior. Please include appropriate Scriptures. This application will not be considered complete if this form is not included. Thank you.