



Applicant Information		
Full Name:		Date:
Last	First	M.I.
Email:	Cell Phone:	Home Phone:
	Family Information	
Student Name:		Grade:
	Church Information	
Church Address:		
Street Address		
City		State ZIP Code
Church Phone:	Church Email:	
Current Church Position/Title:		
Explanation/description of pastoral role:		
*By signing below, I verify the pastoral role.	hat the applicant is employed at the church stated above,	with a current state license in a full-time
Signature:		Date:
Signature of Ch	hurch Official	
	Terms and Conditions	
must meet the standard a not transferable to other eligible (EdChoice Expar	i's discount must be a licensed, full-time pastor servadmissions guidelines and be accepted to Mansfield church families or grandchildren. Families qualifying nsion, Traditional Vouchers, JP Scholarship). Familie ount is not applicable to the already discounted rate.	d Christian School. The pastor's discount g for state scholarships or vouchers are n es of Mansfield Christian School employe
By signing below, I agree	e to the terms and conditions as stated above.	
Signature:		Date: