Shape

Description automatically generated with low confidence

School Membership

Application

|  |
| --- |
| Name of School Date |
| Street Address |
| City State Zip Code |
| Mailing Address (if different) |
| City State Zip Code |
| Phone email address |
| Head of School |
| URL |

|  |
| --- |
| School Fee $ 250 |

Our school agrees with the CMF Code of Ethics

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature Date

Describe the Christian spiritual components your school currently employs:

Thank you for your application! You will receive a follow up email!