



Discover Christian Schools

School Participation Form
2008

Contact Information

School name _____

Contact person _____

Title _____

Physical address _____

Mailing address _____

(if different than _____

above) _____

School phone _____

School fax _____

Website _____

Email _____

School Profile

Year founded _____

Number of students _____

Grades offered _____

Sponsoring organization _____

Accredited by _____

School Description

Please include a 35 word description of your school's distinctives.

Please complete the form and enclose a check for the appropriate membership fee made payable to *MACSA*.

Both the form and your payment should be returned to:

Marie Young, MACSA Secretary

PO Box 2007

Aston, PA 19014

Your signature indicates your agreement with the MACSA Statement of Faith found elsewhere on this web site.

Signature

Date