# **APPLICATION INSTRUCTIONS FOR NEW STUDENTS (NEW FAMILIES)**

New students of families new to Kraybill should be enrolled using the Kraybill Applicant Portal. Current families reenrolling a current student or enrolling a new student within their family should use the Parent Portal and not the Applicant Portal.

## **Step 1: Access the Applicant Portal**

#### https://app.praxischool.com/site\_login.php?s=5236

- a. Create a new user account. After clicking on Create New User, follow the system prompts and email verification process.
- b. Once you have completed creating a new user account, return to the Applicant Portal and login with your email and password.

#### Step 2: Complete the Application

a. Once logged into the Applicant Portal, select the "New Student Application Form" from the form menu and click on "Start New Form."





Complete Each Section Student Information >> Fill out the **five** sections on h. >> First Parent/Guardian Kraybill Mennonite School the application form. A red >> Kraybill Second Parent/Guardian 598 Kravbill Church Rd Mount Joy, PA 17552 Phone: 717-653-5236 \* indicates a required field. Emergency Contact Acknowledgements >> Fax: 717-653-7334 Email: kraybill@lancastermennonite.org Application Actio Website: www.kraybillmennonite.org You can save your **Christ-Centered PreK-8 Education** Submit Form application and complete it 1) Pause & Continue Later Print later by clicking on "Pause Application for Admission & Continue Later." Please provide the following with this application. Documents can be emailed, mailed or dropped off at the school office during normal school hours. 1. \$100 Application Fee paid online or via check made payable to Kraybill Mennonite School. 2. A copy of the student's most recent report card (grades 1-8), any achievement or state test results, and, if applicable, behavioral/psychological or educational evaluations. Other academic records may also be required. 3. A copy of the student's up-to-date immunization records. Parents/guardians may be called for an interview and an academic assessment may be required prior to acceptance. Student Information Grade Level Applying For Not Selected V The number after PK or K indicates number of days attending school (ex. PK2 is 2-day PreK) First Name Middle Name Last Name

### Step 3: Submit the Application & Pay the Enrollment Fee

- a. Click on "Submit Form"
- b. Pay the Registration Fee:

**Online:** Change the Amount field to \$100 and complete the required name and payment information.

OR

**By Check:** Click "No Payment." Checks should be made payable to Kraybill Mennonite School and can be mailed to Kraybill or dropped off at the office during normal business hours.

c. Click "Confirm" and/or "Accept Charge & Submit Form"

You should receive a confirmation email after submitting your admission application.

|   | Complete Each Section        |                                                                                                                                                                                                                                                                                                                                                                             |                  |
|---|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
|   | Student Information          | Name as it appears on card.                                                                                                                                                                                                                                                                                                                                                 |                  |
|   | <u>First Parent/Guardian</u> | * Name First Name Last Name                                                                                                                                                                                                                                                                                                                                                 |                  |
|   | Second Parent/Guardian       | * Address: Test                                                                                                                                                                                                                                                                                                                                                             |                  |
|   | Emergency Contact            | City PA V Zip/Postal(                                                                                                                                                                                                                                                                                                                                                       |                  |
|   | Acknowledgements             | * Country: United States of America ∨                                                                                                                                                                                                                                                                                                                                       |                  |
|   | Application Actions          | * Email Email                                                                                                                                                                                                                                                                                                                                                               | h                |
| a | <u>Submit Form</u> >>        | Phone: Phone                                                                                                                                                                                                                                                                                                                                                                |                  |
|   | II) Pause & Continue Later   | Electronic Check (No Fee)     Credit Card (3% Processing Fee)     No Payment                                                                                                                                                                                                                                                                                                | $\left( \right)$ |
|   | Print                        | * Routing Number                                                                                                                                                                                                                                                                                                                                                            |                  |
|   |                              | * Acct Nbr: Account Number                                                                                                                                                                                                                                                                                                                                                  |                  |
|   |                              | * Acct Type: Checking Account ~                                                                                                                                                                                                                                                                                                                                             |                  |
|   |                              | *  I confirm that I have completed the info on all pages.                                                                                                                                                                                                                                                                                                                   | /                |
|   |                              | ☐ I Accept Terms & Conditions<br>By checking "I Agree With Terms & Conditions" and by clicking the<br>"Review" button, I confirm that I am the owner of the account<br>identified by the numbers entered above and authorize this merchant<br>to convert my account information entered above into an electronic<br>debit to my account for the amount of this transaction. |                  |
|   |                              | Amount: 100.00                                                                                                                                                                                                                                                                                                                                                              | ) <sup>C</sup>   |
|   |                              | Amount Due Today 100.00                                                                                                                                                                                                                                                                                                                                                     |                  |