

New K5-12th Student Enrollment Application

Grade Entering _____

STUDENT INFORMATION Social Security # _____

Last Name _____ First Name _____
Middle Initial _____ Goes By _____
Gender M F Student Email: _____
Date of Birth _____ Ethnicity _____
Church _____ Denomination _____
Last school attended _____ Grade Completed _____
School Address _____ City _____ St. _____ Zip _____

Sibling(s) at WCS?
Yes ____ No ____
Name & Grades: _____

PARENT/GUARDIAN 1 Student Lives With? Yes No
Have Legal Custody? Yes No
Mail Title: Mr. Mrs. Miss Ms. Dr. Pastor Rev.
Last Name : _____
First Name: _____ DOB _____
Relationship: _____
Address: _____
City: _____ State: _____ Zip: _____
Church _____
Employer _____
Occupation: _____

CONTACT INFORMATION
Home Phone: _____
Cell Phone: _____
Work Phone: _____
Email: _____

PARENT/GUARDIAN 2 Student Lives With? Yes No
Have Legal Custody? Yes No
Mail Title: Mr. Mrs. Miss Ms. Dr. Pastor Rev.
Last Name : _____
First Name: _____ DOB _____
Relationship: _____
Address: _____
City: _____ State: _____ Zip: _____
Church _____
Employer _____
Occupation: _____

CONTACT INFORMATION
Home Phone: _____
Cell Phone: _____
Work Phone: _____
Email: _____

FINANCIAL INFORMATION
Name of person financially responsible: First: _____ Last: _____
Address: _____ City: _____ State: _____ Zip Code: _____

EMERGENCY CONTACTS (People to notify in case of an emergency and/or pick up when parent cannot be reached)

1. Name _____ Relationship _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Alt Phone _____ Cell Phone _____

2. Name _____ Relationship _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Alt Phone _____ Cell Phone _____

MEDICAL INFORMATION

Doctor Name: _____ Phone Number _____

Address: _____ City: _____ St _____ Zip _____

Medical Insurance Co. Name: _____ Policy #: _____

Allergies/Medical Alerts/Convulsions/Handicaps/Special Needs? Yes ___ No ___

If yes, please explain _____

Is your child currently taking any type of medication Yes ___ No ___ Type: _____

Is there any other medical information or comments that you feel we should have about your child? (This may include special diets, prescriptions or limitations to normal activities.) _____

LEARNING NEEDS

Has the student ever been tested for a learning problem? Yes ___ No ___ Where tested? School ___ Private ___

Has the student ever had an Individualized Education Plan (IEP) or other learning plans? Explain _____

Has the student been in a special education program? Yes ___ No ___ Where? _____

What type of assistance? _____ Does the student qualify for McKay? Yes ___ No ___

Has the student been tested for behavioral, psychological or developmental problems? Yes ___ No ___

Provide a copy of recent IEP and testing for behavioral, psychological, developmental or educational reasons.

Check all the diagnosis types that apply to the student based on testing:

- ADD/Hyperactive
- ADD/Inattentive
- Dyslexia
- Reading Disorder
- Mathematics Disorder
- Disorder of Written Expression
- Conduct Disorder
- Oppositional Defiant Disorder
- any Mood Disorder
- Pervasive Developmental Disorder
- Asperger's Disorder
- Sensory Integration Disorders
- Tourette's Syndrome
- Expressive Language Disorder
- Anxiety Disorder
- Bipolar Disorder
- Seizure Disorder

PLEASE ANSWER THE FOLLOWING QUESTIONS?

Why do you want your child to attend Westside Christian School? _____

How did you learn about Westside Christian School? Sibling ___ Newspaper ___ Website ___ Church ___

School Family ___ Phone Book ___ Other _____

Is your child eligible to return to all previously attended schools? Yes ___ No ___

If no, please explain _____

THIS SECTION APPLIES TO 6-12 GRADE STUDENTS ONLY. PLEASE ANSWER THE FOLLOWING:

Is your child now using or has he/she ever used illegal drugs? Yes ___ No ___

Is your child now using or has he/she ever used alcohol? Yes ___ No ___

Is your child now using or has he/she ever tobacco in any form? Yes ___ No ___

Has your child been suspended, expelled, reassigned or asked to leave any school? Yes ___ No ___

Has your child ever been arrested or charged with a crime? Yes ___ No ___

If you answered yes to any question above, please explain. _____

The submission of an application does not constitute acceptance. After the meeting with the principal or executive pastor, the decision of the admission will be made as soon as possible. Parents affirm their decision to enroll the student in the school by submitting a signed Financial Agreement. I understand that this application will not be processed unless all questions have been completed and the application has been signed and returned with the Registration Fee. **Presentation of false information or omission of pertinent information on this application and/or during the meeting will constitute grounds for dismissal from Westside Christian School with no refund of tuition or fees.**

Parent/Guardian Signature _____ Date _____