

2021-2022 WCS PRESCHOOL - 12th GRADES ADMISSIONS APPLICATION

Today's Date: _____ Grade Level for 2021-2022 _____ Child's Date of Birth _____

STUDENT INFORMATION: Check One: New Student _____ Returning Student _____

Student Name _____
First Middle Last

Mailing Address _____
Street City State Zip Code

Main Phone _____ Optional - A Copy of SS Card to WCS _____

Gender at Birth: M _____, F _____ Age _____

Race/Ethnicity (please check one): Hispanic/Latino _____, American Indian/Alaska Native _____,

Asian _____, Black or African American _____, Native Hawaiian/Pacific Islander _____, White _____

EMERGENCY CONTACTS

Parent/Guardian 1 _____ Relationship _____

Address (if different from above) _____
Street City State Zip Code

Parent/Guardian 1 Email _____ Parent Cell Phone _____

Employer _____
Name Phone

Parent/Guardian 2 _____ Relationship _____

Address (if different from above) _____
Street City State Zip Code

Parent/Guardian 2 Email _____ Parent Cell Phone _____

Employer _____
Name Phone

Child lives with (check all that apply) Both Parents _____, Mother _____, Father _____, Grandparents _____, Grandmother _____, Grandfather _____, Stepfather _____, Stepmother _____, Other _____

SIBLING(S) - Please list all siblings if they are enrolled in WCS preschool through high school, please provide information.

Name _____ Age _____ Grade _____

Name _____ Age _____ Grade _____

Name _____ Age _____ Grade _____

Name/location of child care/school previously attended, if applicable _____

Has this student ever been dismissed from/not allowed to return to any school facility? Yes _____, No _____

If yes, please explain _____

Please describe any concerns regarding speech, language, social, emotional, or development you have about your child _____

Please note any allergies, prescription medications, serious conditions, or restricting physical conditions the school should be aware of:

Westwood Christian School utilizes a variety of "media outlets" (Facebook, website, Internet, photography, video recording, live streaming, etc) to promote our school and students. Your signature in the space provided below signifies you do NOT want your child appearing on the outlets used by WCS, knowing this may limit the opportunities for your child to fully participate in school activities.

I DO NOT give permission to promote my child on media outlets. X _____

Please **initial then sign**: X _____ In case of an emergency and I cannot be reached, I give Westwood Christian School permission to have my child transported to the local emergency department at NF Suwannee ER, 1100 SW 11th Street, Live Oak, Florida.

Parent/guardian signature: X _____

The following individuals have permission to pick up my child(ren) from Westwood Christian School:

NAME	RELATIONSHIP	PHONE NUMBER 1	PHONE NUMBER 2

Are there any legal or court/custody orders concerning your child? **Circle One:** Yes No
If yes, please provide WCS with a copy of the court order.

Is there anyone who **CANNOT** pick up your child? If so, please list below.

Name _____ Relationship _____

Name _____ Relationship _____

(The back of this sheet may be used for additional comments.)

*This application must be completed before it can be processed. An interview with parents and any student, new to WCS, will be required before an acceptance decision is made. Westwood Christian School does not discriminate on the basis of race, color, religion, gender, age or national/ethnic origin. The Bible, God's Holy Word, provides the foundation of our school beliefs. I pledge to pay my financial obligation(s) to the school in a timely manner and support the disciplinary, academic and attendance standards set by WCS. I understand my child may be withdrawn for violation of any of these standards. I will not tolerate dishonor to the Godhead, the Word of God or disrespect to any personnel at WCS. I understand this application does not constitute a contract for enrollment until acceptance by school administration is granted.

Parent/guardian signature: _____

For office use only: Birth Certificate __, Award Letter __, Physical Exam __, Immunization Record __, SS Card/copy __

Date Office Received: _____

