

2026-2027 WESTWOOD CHRISTIAN SCHOOL

PRESCHOOL - 12th GRADE RETURNING STUDENT ENROLLMENT APPLICATION

Today's Date: _____ Grade Level for 2026-2027: _____ Child's Birth Date: _____ Age: _____

STUDENT INFORMATION: Returning Student: _____ ▶ Shirt Size: YXS_YS_YM_YL_ AXS_AS_AM_AL_AXL_

Student Name _____
First Middle Last

Mailing Address _____
Street City State Zip Code

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

Gender at Birth: M _____ F _____

Race/Ethnicity (please check one): Hispanic/Latino _____, American Indian/Alaska Native _____, Asian _____, Black or African American _____, Native Hawaiian/Pacific Islander _____, White _____

▶ Step Up For Students 2026-27 Award ID # (K-12 students - if applicable) : _____
Returning Students must provide the 2026-27 Award ID # before they are enrolled into WCS.

▶ There is a non-refundable **\$550 Commitment fee per student per year**, not covered by SUFS, which is the responsibility of the parent/guardian per child per year. If accepted, **\$100 of it will be due the FIRST week of school.**

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

▶ WCS Student Email (Grades 9-12 only) (If applicable): _____

▶ 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 _____

▶ 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: _____

▶For the safety of all students and staff, please describe any mental health conditions. Has your child been Baker Acted, or placed in a psychiatric hospital? Is there a history of depression, cutting, suicidal thoughts/attempts, or other mental illness? If yes, explain. _____

▶WCS uses a variety of media outlets (including Facebook, our website, internet publications, photography, video recording, live streaming, Remind, etc.) to promote our school and students. All students are automatically **opted in** for media use.

Parents may choose to opt out; however, please note that doing so may limit your child's ability to fully participate in certain school activities.

*Please note: All students are automatically **opted in for Chapel** service posts.*

If you choose to OPT OUT. Please sign here: 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? ____ 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 _____

(An additional sheet may be used for additional comments.)

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►Your child is automatically opted in to School Counseling services and may use them as needed.

I do NOT give permission for my child to speak with the School Counselor. X _____

►In the event 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 HCA Florida Suwannee Emergency, 1100 SW 11th Street, Live Oak, Florida. Parent/guardian signature: X _____

Parent/Guardian: Please read carefully and initial below.

_____ The Bible, God’s Holy Word, provides the foundation of our school beliefs. WCS will not tolerate dishonor to the Godhead, the Word of God, or disrespect to any personnel at WCS.

_____ I pledge to pay my financial obligation(s) to the school by the given deadlines.

_____ I pledge to support the disciplinary, academic, and attendance standards set by WCS. This includes ensuring that homework is being completed at home and turned in on time.

_____ I understand that falsifying or leaving out any requested or pertinent information on this application may lead to dismissal from WCS.

_____ I understand my child may be withdrawn for violation of any of these standards.

_____ I understand this application does not constitute a contract for enrollment until acceptance by school administration is granted.

_____ I understand that my child will not be enrolled until the SUFS Award ID # is turned in.

Parent/Guardian signature: _____

*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.

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For office use only: Birth Certificate___ SUFS Award Letter___ Physical Exam___ Immunization Record___ SS Card/copy___

Application Fee ___ Commitment Fee___ Academic Records ___ Date Office Received: _____