

WADE CHRISTIAN ACADEMY
APPLICATION FOR ADMISSION
 2018-2019 School Year

Office Use Only
Date: _____
Amt: _____
Type/#: _____

 Student's Legal Name (Last) (First) (Middle) (Preferred Name)

Student's Current Grade Level: _____ Applying For Student to Enter Grade Level: _____

 Age Birth Date Social Security Number Home Phone

 Address City State Zip County

___ Male ___ Female

Place of Birth (City, County, State)

Copy of Birth Certificate attached ___ will be provided ___

Student's Ethnic Background (Optional): ___ Hispanic ___ African American ___ American Indian ___ Asian ___ Caucasian ___ Other

Full Name of Father/Guardian (Include Title: Mr., Pastor, Dr., etc.): _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____ Work Phone: (_____) _____

Primary Email Address: _____

Occupation: _____ Employer: _____

Business Address: _____ City: _____ State: _____ Zip Code: _____

Full Name of Mother/Guardian (Include Title: Mrs., Dr., etc.): _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____ Work Phone: (_____) _____

Primary Email Address: _____

Occupation: _____ Employer: _____

Business Address: _____ City: _____ State: _____ Zip Code: _____

Please check all that apply:

Student lives with both parents

Grandparent(s) has(have) custody

Student lives with Father

Student lives with Mother

Other

Father has custody

Mother has custody

Person responsible for payment of tuition and fees:

_____	_____	(____) _____
Name	Address	Phone number

Current and previous school(s) attended, dates, and reasons for leaving: *(If needed, please continue on a separate page.)*

Name of School:	Dates:	Reason For Leaving:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has/is/does the applicant: *(If additional writing space is needed, please continue on a separate page.)*

Repeated a grade? If yes, what grade? _____

Attended or made application to Wade Christian Academy? If yes, what year(s)? _____

Been suspended or expelled (or been recommended for suspension or expulsion) from any school for any reason?

If yes, explain and include the dates and the name of the school and principal: _____

Are you now, or have you ever been, under the supervision of a parole officer or under the custody of juvenile courts?

Yes () No () If so, why? _____

Has student ever had a police record? Yes () No () If so, explain _____

Been home-schooled? If yes, give dates, grade level(s), and curriculum used: _____

Had a clinical diagnosis of a learning disability? If yes, please explain: _____

Had any additional testing or tutoring? If yes, please explain: _____

Participated in regular, standardized achievement testing? _____

Currently taking prescription medication(s)? If yes, list name(s) of medication(s) and their purpose: _____

Participated in advanced classes? If yes, in which area(s): _____

Which of the following would best describe the grades typically received by the applicant?

___ A's ___ A's and B's ___ B's and C's ___ C's and D's ___ D's ___ D's and Failing Grades

If the applicant has any physical limitations or chronic illnesses of which we should be aware, please explain. *(You may attach a separate page explaining his or her special needs.)*

Regularly attends church? Yes () No () if yes, where: _____

Salvation Date: _____ Baptism Date: _____ Brief Testimony: _____

Please use the space below for other pertinent information about your child or family situation that you think could help the school to meet your child's needs, or if you prefer, you may attach a separate page.

Wade Christian Academy was recommended by: _____

NOTICE OF NONDISCRIMINATORY POLICY AS TO STUDENTS

Wade Christian Academy admits students of any race, color, nationality and ethnic origin to all rights, privileges, programs, and activities generally afforded or made available to students at the school. It does not discriminate on the basis of race, color, nationality and/or ethnic origin in the administration of its educational policies, admissions policies, and athletic and other school-administered programs.

Note: The application will not be processed without a \$25.00 non-refundable application processing fee; however, payment of this fee does not assure admission. Once all paperwork is returned and the enrollment steps are completed, eligible candidates will be contacted for a family interview. When the enrollment fee is paid, a space will be held for that student. Initially, acceptance is given on a provisional basis and is made final after records from the student's former school have been received and reviewed.

I affirm that all the information in this application is true and accurate to the best of my knowledge. I understand that providing false information or omission of pertinent information could be reason for rejection of the application or dismissal of my child from Wade Christian Academy. I also understand that I may be asked to provide additional written information.

Father/Guardian Signature _____ Date _____

Mother/Guardian Signature _____ Date _____

Make checks payable to Wade Christian Academy and return to: Wade Christian Academy, 4300 N. Wickham Rd., Melbourne, FL 32935. If you have any questions, please contact the school office at (321) 259-6788.