



Warren Woods
Christian School

Educating, Nurturing and Developing
Christian Leaders

Grade Entering: _____

Kdg. Full ___ Half ___

Student Enrollment Application

Student's First Name _____ MI ___ Last Name _____

Address _____ City _____

Zip Code _____ Phone Number _____ Cell Phone _____

Male ___ Female ___ Age _____ Birthdate _____ Place of Birth _____

Church Family/Student Regularly Attends _____

Lives with: Father/Mother Father/Step-Mother* Mother/Step-Father*
 Court Ordered Joint Custody/Shared Parenting* *Court documentation required

Person Responsible For School Enrollment and Payment:

Name _____ Relationship to Student _____

Address _____ City _____

State _____ Zip Code _____ Home Phone _____ Cell Phone _____

E-mail Address _____

Employer _____ Work Phone _____

Other Responsible Party:

Name _____ Relationship to Student _____

Address _____ City _____

State _____ Zip Code _____ Home Phone _____ Cell Phone _____

E-mail Address _____

Employer _____ Work Phone _____

Name of person referring to WWCS _____

Public School District Where Student Resides _____

Last School Attended _____
 Name of School Address or Phone Number

I have read and signed the attached forms. I understand they will remain on file and in effect at Warren Woods Christian School as long as my child attends WWCS.

Parent Signature

~Registration Fee includes grade placement testing.
~Registration Fee is **non-refundable**.