

Additional Information

Has the applicant ever repeated a grade? Yes No

If yes, explain: _____

Has the applicant ever been tested for a learning disability? Yes No

If yes, a copy of the test results should be attached to this application.

Has the applicant ever been suspended or expelled? _____

If yes, please explain the reason and date of action. _____

If the student has had any disciplinary difficulty, state briefly: _____

List any learning disabilities, physical handicaps and emotional or medical treatments, which may affect the applicant's activities. _____

Give a brief health history of applicant identifying any serious illnesses or injuries of which the school should be aware: _____

State how you came to hear of our school _____

School recommended by: _____

Please state why you seek admission for your child(ren) to Westwood Baptist Academy.

Personal Release Agreement

I grant Westwood Baptist Academy the right to use the image of my student for the purpose of promotion, yearbook, website, powerpoint, CDs, etc.

Student's Name: _____

Parent's Signature: _____

Date: ____/____/____
Mo Day Year

Statement of Cooperation

- It is agreed that Westwood Baptist Academy will hold the applying family to be:
 - Solely responsible for all financial obligations incurred by the applicant.
 - Supportive of the academy's Statement of Philosophy.
 - The authorized recipient of all school notices.
- It is understood that enrollment at WBA is a financial obligation. Financial records must be kept current. Registration and materials fees are non-refundable.
- The academy is absolved from liability due to injury of my/our student on the school campus. Permission is granted for my/our student to participate in off campus school-sponsored activities and absolve the school from liability due to accident or injury. In case of accident or serious illness, I/we request the school to contact me/us. If it is impossible to contact me/us, the school may make whatever arrangements seem necessary.
- The teacher and administration are hereby given full discretion in the discipline of my/our student. The administration reserves the right to suspend or expel a student at any time for violating standards of conduct.
- Students showing incompatibility or lack of harmony with the school's Philosophy or Discipline Policies will be suspended or expelled at the school's discretion and will not be permitted to reenroll in the academy.

I/We have read the School Handbook and this application carefully and will cooperate with the school by having my/our student abide by the school's standards. The information given on this application is factual and true and based on agreement with the academy's philosophy.

Father's Signature

____/____/____
Mo Day Year

Mother's Signature

____/____/____
Mo Day Year

Westwood Baptist Academy is racially non-discriminatory and provides equal opportunity and privileges for all students.

Office use only	Received _____ Reg. Fee _____
	Interview _____ Immunization Rd. _____
	Birth Cert. _____ Accept. Letter _____

Request for Transfer of Educational Records Between Schools

(For those applying to grades K-12)

Instructions to parents of applicants to WESTWOOD BAPTIST ACADEMY:

- Please fill in your child's name, date of birth, and current grade below.
- Sign and complete the bottom of this form.
- Submit this form to the office with the name and address of the school from which your child is transferring.

Instructions to Registrars:

The following student has applied for admission to Westwood Baptist Academy.

Student's Name _____

Date of Birth ____/____/____
Mo Day Year

Current Grade _____

Please send copies of:

- Student grade reports for the current school year
- Student grade reports for one year prior if student is currently in first grade
- Student grade reports for all the years prior if student is currently in second grade or above
- All standardized test results
- Any other pertinent information in Student's record to:

Westwood Baptist Academy
Attn: Admission Office
419 CR 5231
Poplar Bluff, MO 63901

I acknowledge notification of this transfer of records as required by the Family Educational rights and Privacy Act of 1974 and understand that I have a right to receive a copy at my own expense, if requested, and have the opportunity for a hearing to challenge the content of the records. I understand that the information transferred will be treated in a confidential manner and will not be transmitted to a third party without consent.

Parent Signature _____ Date ____/____/____
Mo Day Year

Current Address _____

City, State, ZIP _____
City State Zip

Phone (____) _____ - _____