

Application for Admission

STUDENT (One form for each applicant)

Name: _____
Last First M.I. Nickname Sex

Address: _____
Street City State Zip Grade Start Date

Home Phone: _____ - _____ - _____ Birthday: _____ Church Affiliation: _____
Month / Day / Year

Student lives with: (check all that apply) Father Mother Guardian Stepmother Stepfather

FATHER

Name: _____
Last First M.I. Nickname

Address: _____
Street City State Zip

E-Mail Address: _____ Home Phone: _____ - _____ - _____

Home Church: _____ Cell Phone: _____ - _____ - _____

Employer: _____ Position: _____ Work Phone: _____ - _____ - _____

WCS Affiliation: New to WCS Former Student Alumnus Former WCS Parent

Status: Married Divorced Remarried Widower Separated Single

Spouse: _____ Phone: _____ - _____ - _____
(If different than below) Last First

MOTHER

Name: _____
Last First M.I. Nickname

Address: _____
Street City State Zip

E-Mail Address: _____ Home Phone: _____ - _____ - _____

Home Church: _____ Cell Phone: _____ - _____ - _____

Employer: _____ Position: _____ Work Phone: _____ - _____ - _____

WCS Affiliation: New to WCS Former Student Alumnus Former WCS Parent

Status: Married Divorced Remarried Widow Separated Single

Spouse: _____ Phone: _____ - _____ - _____
(If different than above) Last First

DO YOU HAVE A WCS AMBASSADOR?

Not sure Yes, Name: _____ Phone: _____ - _____ - _____
Last First

STUDENT EDUCATION

List schools attended:

Current School _____ Grade(s) _____ Year(s) _____

Complete Address & Phone Number _____

Prior School _____ Grade(s) _____ Year(s) _____

Complete Address and Phone Number _____

We grant permission for WCS to contact the above schools regarding this application. Yes No

Has your child been in advanced or accelerated classes? Yes No

Has your child ever received tutoring or been placed in a special class? Yes No

Has your child repeated a grade? Yes No

Please explain any "Yes" answer: _____

Has your child been suspended or removed from any school for misconduct? Yes No

If yes, please explain and include date of incident: _____

What is your child's attitude toward school and teachers? _____

Does your child have a history of a chronic physical condition, emotional condition, or learning disability that has required – or may require – special attention at WCS? Yes No

If yes, please explain and include copies of all reports: _____

Have you observed, or have school personnel reported, any of the following characteristics for your child?

Distractible/Inattentive Yes No Not Sure

Disturbs other children/Aggressive Yes No Not Sure

Often late in completing assignments Yes No Not Sure

Has difficulty following oral instructions Yes No Not Sure

Has difficulty following written instructions Yes No Not Sure

Has difficulty with oral expression Yes No Not Sure

Has difficulty with written expression Yes No Not Sure

Please discuss positive characteristics, strengths and/or gifts you have observed in your child. _____

Signature: _____
Parent / Guardian

Date: _____
Month / Day / Year