

New Students Application (Grades Pre-Kindergarten-12)

(This section to be completed by the school:) Grade Transcript Received: ___ ____ Health Record Received: _ Registration Fee Paid

Interview Done (6th-12th): Entrance Exam (if needed): Academic Fee Paid:

Starting Date

Account Number: _ Date of Application_ First Month Tuition Paid:

PLEASE COMPLETE FRONT AND BACK OF APPLICATION:

Student I	nformation	
Student's full name: (Last)	(First)(N	Middle)
Mailing address: (Street)	_ (Town)	(Zip)
Home phone: Cell phone num	bers (if any):	(F-4h2-)
Email address: (Mom)	(Mother's) Email address (Dad):	(Father's)
Student's social security number:	Applying for grade:	Boy Girl
Date of birth:Place of birth:		-
Pre-Kindergarten: FULL DAY (8:00AM-3:00PM)_		8:00AM-12:00PM)
Kindergarten: FULL DAY (8:00 AM-3:00 PM)	OR PART DAY	(8:00 AM-12:00 PM)
Name and address of school last attended: Student's grade in school last attended: Studen Your school district: Your county:		Bus Car Walk
Parent/Guard	ian Information	
Mother's full name: Fath Are parents separated or divorced? (yes) (no) Are both parents living? (yes) (no) Expl Father's address (if different) (no) (no)	If so, who has custody? anation/if applicable:	
GUARDIAN INFORMATION: (IF APPLICABLE) Guardian's name: (If not mother or father) Please explain: (if applicable) Additional phone numbers where you can be r		
EMERGENCY PHONE NUMBERS The 1 st phone number you want us to call in ca	se of emergency:	2 nd
EMPLOYMENT INFORMATION Employment of father or guardian: (Company (Job Title)	one and extension)	
Please fill in the name and address of the perso other than yourself)		
Were you referred by a current Walnut Street If so, what is his/her name? If not, how did you hear about our school?		
II not, now and you near about our school?		(OVER)

Grandparent's Information

Maternal (mother's):			
	(name)	(address)	
	(name)	(address)	
Paternal (father's):	(name)	(address)	
	(name)	(address)	
Great Grandparents:	(name)	(address)	
	(name)	(address)	
Other chi	lduon undou	19 living at home	nd not ottonding WECS
(Name)	laren under	(Birth date)	nd not attending WSCS (School Attending)
		Church Information	
(<u>R</u>	equired-If you	Church Information currently have no churc	n
(<u>R</u> Name of your churcl	equired-If you h::	Church Information currently have no churc Mailin	n ch, please put <u>none</u>)
(<u>R</u> Name of your churcl Your Pastor's Name Parent's Pledge o	equired-If you h:: : f Acceptance	Church Information currently have no churc Mailing Church e: We have reviewed and	n ch, please put <u>none</u>) g Address:
(<u>R</u> Name of your churcl Your Pastor's Name Parent's Pledge o statement of faith, me	equired-If you h:: : f Acceptance thods, standard	Church Information currently have no churce Mailing Church e: We have reviewed and s and discipline of the Wa	n ch, please put <u>none</u>) g Address: h Phone: do agree to follow the curriculur
(<u>R</u> Name of your churcl Your Pastor's Name Parent's Pledge o statement of faith, me Signature of mother/g	equired-If you h:: f Acceptance thods, standard uardian:	Church Information currently have no churce Mailing Church e: We have reviewed and s and discipline of the Wa	n ch, please put <u>none</u>) g Address: h Phone: do agree to follow the curriculur lnut Street Christian School.

Please list the full name and address off all living grandparents: