



New Students Application (Grades Pre-Kindergarten-12)

(This section to be completed by the school:)		Starting Date _____
Grade Transcript Received: _____	Interview Done (6 th -12 th): _____	Account Number: _____
Health Record Received: _____	Entrance Exam (if needed): _____	Date of Application: _____
Registration Fee Paid: _____	Academic Fee Paid: _____	First Month Tuition Paid: _____

PLEASE COMPLETE FRONT AND BACK OF APPLICATION:

Student Information

Student's full name: (Last) _____ (First) _____ (Middle) _____

Mailing address: (Street) _____ (Town) _____ (Zip) _____

Home phone: _____ **Cell phone numbers (if any):** _____
(Mother's) _____ (Father's) _____

Email address: (Mom) _____ **Email address (Dad):** _____

Student's social security number: _____ **Applying for grade:** _____ **Boy** ___ **Girl** ___

Date of birth: _____ **Place of birth:** _____

Pre-Kindergarten:	FULL DAY (8:00AM-3:00PM) _____	OR PART DAY (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: ___ **Student's intended transportation:** Bus ___ Car ___ Walk ___

Your school district: _____

Your county: _____

Parent/Guardian Information

Mother's full name: _____ **Father's full name:** _____

Are parents separated or divorced? (yes) ___ (no) ___ **If so, who has custody?** _____

Are both parents living? (yes) ___ (no) ___ **Explanation/if applicable:** _____

Father's address (if different) _____

GUARDIAN INFORMATION: (IF APPLICABLE)

Guardian's name: (If not mother or father) _____ **Relationship (if any)** _____

Please explain: (if applicable) _____

Additional phone numbers where you can be reached: _____

EMERGENCY PHONE NUMBERS

The 1st phone number you want us to call in case of emergency: _____ **2nd** _____

EMPLOYMENT INFORMATION

Employment of father or guardian: (Company Name) _____

(Job Title) _____ (Phone and extension) _____

Employment of mother or guardian: (Company Name) _____

(Job Title) _____ (Phone and extension) _____

Please fill in the name and address of the person who will be paying tuition (if it is someone other than yourself). _____ **Address:** _____

Were you referred by a current Walnut Street Christian School parent? Yes ___ No ___

If so, what is his/her name? _____

If not, how did you hear about our school? _____

Grandparent's Information

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

Maternal (mother's): _____
(name) (address)

(name) (address)

Paternal (father's): _____
(name) (address)

(name) (address)

Great Grandparents: _____
(name) (address)

(name) (address)

Other children under 18, living at home, and not attending WSCS

(Name)	(Birth date)	(School Attending)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Church Information

(Required-If you currently have no church, please put none)

Name of your church: _____ Mailing Address: _____

Your Pastor's Name: _____ Church Phone: _____

Parent's Pledge of Acceptance: We have reviewed and do agree to follow the curriculum, statement of faith, methods, standards and discipline of the Walnut Street Christian School.

Signature of mother/guardian: _____ Date: _____

Signature of father/guardian: _____ Date: _____

Special explanations or notes:

