



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): _____

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:
