



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)

E-mail address: _____ 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) _____
*Note: We will be making drop off time as early as 6AM and pick-up time as late as 6PM. A full day student must not exceed a 10 hour day and drop off time must be no later than 8AM as that is when teaching begins. Breakfast is included for both part day and full day students if dropping off prior to 7:30AM and lunch is provided for full day students.	
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: _____

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:

