

APPLICATION FOR ENROLLMENT



Student's Name

Grade Applying

School Year

The mission of Wichita Christian School is to provide a quality education in a Christian environment that inspires hearts, minds, and souls for successful living.

Attach
Student
Photo

Applying for Grade _____

For School Year _____

Date appt/adm. fee rec'd _____

Check no. _____

WICHITA CHRISTIAN SCHOOL

A. Applicant Data

Student Name _____ Preferred Name _____

Complete Address _____ Street _____ City _____ State _____ Zip _____ Ethnicity _____

Date of Birth _____ Age _____ Sex _____ Home # () _____

Social Security Number _____ E mail _____ Student Cell () _____

Is the applicant **in good standing** and eligible to return to his/her current school? Yes ___ or No ___
If no, please explain _____

Current School _____ Years of Attendance _____

Previous School _____ Years of Attendance _____

Church Affiliation _____ Congregation _____

Attended WCS previously ___ Yes ___ No
When? _____ Has the applicant expressed a desire to attend WCS? ___ Yes ___ No
Explain _____

B. Health and Academic History

Name and explain any health/behavioral conditions, **past or present**, which need to be brought to the school's attention to safeguard this applicant at school (e.g. diabetes, seizures, asthma, emotional disorders, educational challenges, etc.) or which would restrict physical activity levels: _____

Is the applicant taking any prescription medications? ___ Yes ___ No

If yes, specify _____

Has the applicant been tested for any of the following? (Please check)*

___ Speech/Language ___ Attention Deficit Disorder ___ Learning Disabilities

___ Attention Deficit/Hyperactivity Disorder ___ Emotional Issues (which affect learning)

___ Other _____

*If any of the above are checked, please provide school with a copy of scores and recommendations from the evaluators).

Doctor's Name _____ Phone # _____

Has the applicant received any honors, taken special lessons, or been in special programs? (Music, athletics, etc.)

C. Family Data

Applicant lives with: Both Parents Mother Father
(Please check all that Stepmother Stepfather Parents Divorced/Separated
Apply) Father Deceased Mother Deceased Guardian/Other

Father _____ Home Phone _____

Address _____ Cell Phone _____
Street City State Zip

Occupation _____ Email _____
Name of Business/Position

Business Address _____ Business Phone _____
Street City State Zip

Mother _____ Home Phone _____

Address _____ Cell Phone _____
Street City State Zip

Occupation _____ Email _____
Name of Business/Position

Business Address _____ Business Phone _____
Street City State Zip

Siblings: _____
Name Age School Attending

Name Age School Attending

D. Additional Family Data

If there is a separation or divorce in the family or if the student resides with a legal guardian other than parents, please complete this section.

Name of Legal Guardian _____ Relationship to Student _____

Address (if different from above) _____
Home Phone _____

If divorced, please indicate the type of custody ordered by the court: Joint Sole
(The school will require a copy of the court order concerning custody for school records once student is accepted at WCS)

To whom should notices of school activities be sent? _____

To whom should statements be sent? _____

E. GRANDPARENT INFORMATION

Please provide the names, addresses emails, and phone numbers of grandparents so we can keep them informed of special events at WCS: (If deceased, please indicate)

Paternal Grandfather: _____
Paternal Grandmother: _____
Maternal Grandfather: _____
Maternal Grandmother: _____

F. General Information

How did you first hear of WCS?

- | | | | |
|-------------------------------------------------|--------------------------------------|-------------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Current Student/Parent | <input type="checkbox"/> WCS Faculty | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Website |
| <input type="checkbox"/> Alumnus | <input type="checkbox"/> Facebook | <input type="checkbox"/> Church | <input type="checkbox"/> Word of Mouth |
| <input type="checkbox"/> Billboards | <input type="checkbox"/> Realtor | <input type="checkbox"/> Referral from Another School | |

The factor(s) most influencing us to apply to WCS are:

- | | | |
|---------------------------------------------------------|----------------------------------------------------------|-------------------------------------|
| <input type="checkbox"/> Christian Philosophy | <input type="checkbox"/> Academic Standards | <input type="checkbox"/> Location |
| <input type="checkbox"/> Reputation of WCS | <input type="checkbox"/> Desire to Attend Private School | <input type="checkbox"/> Class Size |
| <input type="checkbox"/> Displeasure with Local Schools | <input type="checkbox"/> Extra-curricular Programs | <input type="checkbox"/> Other |

G. Parent Questionnaire

We appreciate your interest in enrolling your child at Wichita Christian School. We view ourselves as partners with you in providing a strong education within a Christian community committed to integrating Biblical faith and learning. To help us toward this end, we ask you to complete this questionnaire:

1. What goals are you hoping your child will achieve by enrolling him/her at Wichita Christian School?

2. Why do you want your child to receive a Christian Education?

H. Certification

I have read and understand the mission statement and student profile of **Wichita Christian School**. All students will participate in chapel assemblies and daily Bible studies. We agree, if accepted, to support and follow all rules and regulations of the school and understand that failure to do so could result in disciplinary action (which may include suspension or expulsion). Furthermore, we understand that all new students are accepted on academic and behavioral probation for a period of 90 days. I certify that no information relevant to my child's application has been withheld and agree to the terms of this application and the policy of the school. Failure to note any situations that could influence acceptance could result in the student's separation from Wichita Christian School. I understand that acceptance of this application by **Wichita Christian School** in no way guarantees enrollment. All applicants are considered in accordance with the official admission policy, and final decision will be made by the Administration of **Wichita Christian School**. By our signature hereon, we certify that we understand these policies and that all information on this application is true and correct to the best of our knowledge.

Parent's Signature _____ Date: _____

_____ Date: _____

Student's Signature _____ Date: _____



Office of Admissions: 1615 Midwestern Pkway Wichita Falls, TX 76302
Main—940-763-1347 / Fax 940-687-0744

NOTICE OF NONDISCRIMINATORY POLICY

Wichita Christian School admits students of any race, color, national and ethnic origin to all the rights, and privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, scholarship and loan programs, and athletic and other school-administered programs.