

Application

Walnut Street Christian School

(This section to be completed by the school:)

Starting Date _____

Grade Transcript Received: _____ Interview Done (6th-12th): _____ 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):** _____

E-mail address: _____ **Student's social security number:** _____

Applying for grade: _____ **Boy** _____ **Girl** _____ **Date of birth:** _____ **Place of birth:** _____

Name & Address of school last attended: _____

Student's grade in school last attended: _____ **Student's intended transportation:** Bus ___ Car ___ Walk ___

Parent/Guardian Information

PARENT 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:** _____

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:** _____

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

If so, what is their name? _____

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

(Don't forget to fill out the back)

Grandparents' Information

(**Grandparents' names and addresses are needed to invite Grandparents' Day and to send them school newsletters.)

Full name and address of living maternal grandparents (mother's parents)

(Grandmother's full name) (Street) (Town) (Zip) (Phone Number)

(Grandfather's full name) (Street) **(*If not same)** (Town) (Zip) (Phone Number)

Full name and address of living paternal grandparents (father's parents)

(Grandmother's full name) (Street) (Town) (Zip) (Phone Number)

(Grandfather's full name) (Street) **(*If not same)** (Town) (Zip) (Phone Number)

Names and addresses of any great-grandparents you would like invited to Grandparents' Day & would like to receive school newsletters:

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: _____

Parents' Pledge of Acceptance

We have investigated and do agree with the curriculum, statement of faith, methods, standards and discipline of the Walnut Street Christian School.

Signature of Mother _____ Date signed _____

Signature of Father _____ Date signed _____

Signature of Guardian (if applicable) _____ Date signed _____

Both parents/guardians must sign application (unless one is a nonparticipating parent)

Special explanations or notes:

