

Wellington Christian Academy
205 N. Hoover Rd., Wellington, KS 67152
620-326-5596 www.wcacademy.com

Student Application Form

Student

Please Print or Type

Full name _____
(LAST) (FIRST) (MIDDLE) (PREFERRED NAME)

Grade for which student is applying _____ For term beginning Fall _____
(YEAR)

Address _____
(STREET) (CITY) (STATE) (ZIP)

Home Phone _____ Contact E-mail Address _____

Present grade _____ Birth date _____ Sex: Male Female

Is English your child's first language? Yes No

Does your child speak any other languages? Yes No If yes, what language(s) _____

Father

Full name of father/stepfather/guardian _____
(LAST) (FIRST) (MIDDLE)

Cell phone (_____) _____ Father's employer _____

(Complete address & phone number if different than student.)

Occupation _____

Address _____ Business address _____

Home Phone (_____) _____ Business telephone (_____) _____

Mother

Full name of mother/stepmother/guardian _____
(LAST) (FIRST) (MIDDLE)

Cell phone (_____) _____ Mother's employer _____

(Complete address & phone number if different than student.)

Occupation _____

Address _____ Business address _____

Home Phone (_____) _____ Business telephone (_____) _____

Admission to Kindergarten - 8th Grade is based on testing. Tests are reviewed in a conference prior to acceptance.

Testing Fees:	Kindergarten	\$ 35
	1st - 8th Grades	\$150

Parents

Student lives with (*check all that apply*):

- Father & Mother Father Mother Stepfather Stepmother Guardian

Check *all* that apply:

- | | | |
|--|---|---|
| <input type="checkbox"/> Parents are married | <input type="checkbox"/> Father has custody | <input type="checkbox"/> Mother has remarried |
| <input type="checkbox"/> Parents are separated | <input type="checkbox"/> Mother has custody | <input type="checkbox"/> Father is deceased |
| <input type="checkbox"/> Parents are divorced | <input type="checkbox"/> Father has remarried | <input type="checkbox"/> Mother is deceased |

Parental Authority

Release information to (*check all that apply*):

- Father Mother Guardian

Person responsible for school-related decisions

Name _____

Address _____
(STREET) (CITY) (STATE) (ZIP)

Religious Affiliation

Church _____ Pastor _____

Briefly explain why it is important for your child to attend WCA.

How did you hear about Wellington Christian Academy? _____

Please describe at least one character strength and one weakness of your child.

Describe any medical or physical restrictions.

The Wellington Christian Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to the students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, student aid and loan programs, and athletic and other school-administered programs. Parents and students are expected to accept and abide by the policies and regulations of the school.

Please register for the test by signing below. For Kindergarten applicants, the testing fee is \$35. For 1st - 8th grade applicants, the fee is \$150. The testing fee must be paid when submitting the application.

Parent Signature _____

Date _____