

**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 \$ 75**  
**1st - 8th Grades \$150**

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**Parents**

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

Father & Mother    Father    Mother    Stepfather    Stepmother    Guardian  
 Grandparents

Check *all* that apply:

Parents are married    Father has custody    Mother has remarried  
 Parents are separated    Mother has custody    Father is deceased  
 Parents are divorced    Father has remarried    Mother is deceased

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**Parental Authority**

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

Father    Mother    Guardian    Grandparents

Person responsible for school-related decisions

Name \_\_\_\_\_

Address \_\_\_\_\_

(STREET)

(CITY)

(STATE)

(ZIP)

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**Religious Affiliation**

Church \_\_\_\_\_ Pastor \_\_\_\_\_

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

**How did you hear about Wellington Christian Academy?** \_\_\_\_\_

\_\_\_\_\_

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

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**Describe any medical or physical restrictions.**

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***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 \$75. For 1st - 8th grade applicants, the fee is \$150. The testing fee must be paid when submitting the application.**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date