

# Wilkinson County Christian Academy

## Application for Admission

### Applicant's Personal Data

---

First	Middle	Last	Preferred Name
-------	--------	------	----------------

Applying for Grade \_\_\_\_\_ School Year \_\_\_\_\_ Age \_\_\_\_\_  Male  Female

Home Address \_\_\_\_\_ Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Applicant's Social Security # \_\_\_\_\_ Birthdate \_\_\_\_\_

### Parent Information

Father's Full Name	Mother's Full Name
Street Address	Street Address
City/State/Zip	City/State/Zip
Home Phone	Home Phone
Cell Phone	Cell Phone
Email Address	Email Address
Employer	Employer
Work Phone	Work Phone
Stepmother's Name (if applicable)	Stepfather's Name (if applicable)

Student lives with whom: (please check all that apply)

<input type="checkbox"/> Father and Mother	<input type="checkbox"/> Mother	<input type="checkbox"/> Father
<input type="checkbox"/> Parents Divorced	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Stepfather
<input type="checkbox"/> Mother Deceased	<input type="checkbox"/> Father Deceased	
<input type="checkbox"/> Guardian/Other _____		

If parents are divorced or separated, to whom should correspondence be sent?

Both  Mother  Father

If parents are divorced, who has legal custody?  Joint Custody  Mother  Father

Nearest relative or friend who will know how to contact parent and phone number: \_\_\_\_\_

---

**Sibling Information**

Name	Birthdate	Gender	Grade	School

**Applicant Educational History**

List the applicant's current school and any previous schools beginning with Kindergarten:

School	Grades Attended	Dates

School Address	Phone Number

School	Grades Attended	Dates

School Address	Phone Number

School	Grades Attended	Dates

School Address	Phone Number

Has the applicant ever repeated a grade? \_\_\_No \_\_\_Yes

Has the applicant ever been expelled, denied re-enrollment at a school or counseled not to return to a school? \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

Has the applicant ever been the subject of any law enforcement action? \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

If the applicant missed more than 5 days of school in the previous year, please explain why. \_\_\_\_\_

If the applicant was tardy more than 5 days during the previous year, please explain why. \_\_\_\_\_

List any accommodations the applicant would require to attend Wilkinson County Christian Academy and participate in all facets of school life, including academics and extra-curricular activities. \_\_\_\_\_

### Alumni Information – First Time Family Enrollment

Have you previously been enrolled at WCCA?  Yes  No

If yes, state dates of enrollment. \_\_\_\_\_

Are you a child or descendent of a former WCCA student?  Yes  No

If yes, state names and dates of attendance. \_\_\_\_\_

Have any of your brothers or sisters previously attended WCCA?  Yes  No

If yes, state names and dates of attendance. \_\_\_\_\_

Are you a child or descendant of a current WCCA employee?  Yes  No

If yes, name of employee. \_\_\_\_\_

Are you a child, descendent or sibling of any student who has previously paid the "Family Enrollment Fee?"

Yes  No If yes, name of student and date. \_\_\_\_\_

### Parent Statement

*Please briefly comment on what you consider to be your child's greatest strength(s) and or greatest area of need. We have found that a parent's perspective of his or her child is quite valuable in getting to know the student better.*

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

### Admission Checklist

Completed Application

Certified Birth Certificate

Copy of Most Recent Grades/Transcript

Form 121 Immunization Form