

Wilson Christian Academy

Post Office Box 3818 • 1820 Airport Blvd.
Wilson, North Carolina 27895
252-237-8064

www.wilsonchristian.com

Payment Plan

10 months _____

12 months _____

APPLICATION FOR STUDENT ENROLLMENT

GENERAL INFORMATION

Name of Student			Goes By
Last Name	First Name	Middle Name	
Social Security #	To enter grade ____ for 20__ -20__ school year		
Last grade completed	Sex	Age	Date of Birth

FAMILY

Student lives with		
Last Name	First name of father or person having paternal authority	First name of mother or person having maternal authority
Address _____ Street, Post Office Box, Apartment, Rural Route		
City	State	Zip code
Home Telephone _____		
Email Address _____		

Siblings (brothers and sisters)

NAMES	AGE	GRADE

Place of Employment

Father	Phone	Cell
Mother	Phone	Cell

Emergency Contacts (*other than parent*)

Name	Phone	Cell
Name	Phone	Cell

EDUCATIONAL

Name of last school student attended			
Address			
City	State	Zip	Telephone
Principal/Counselor		Title	

Please answer the following questions by checking the appropriate box. For any boxes checked **YES**, please provide on a separate sheet a brief summary explaining why the box was checked **YES**.

YES NO

		1. Has the student been expelled or suspended from school? If <u>YES</u> , please give school, date, and reason.
		2. Is the student frequently absent from school?
		3. Is the student frequently tardy to school?
		4. Has the student failed or repeated a grade? If <u>YES</u> , give the grade and school with an explanation.
		5. Has the student been in special placement for the learning disabled, mental imbalance or emotional difficulty, etc? If <u>YES</u> , describe the type of special placement.
		6. Does the student have any behavioral referrals to the office or disciplinarian within the past two years? If <u>YES</u> , please give the school, date, and reason.

Junior/Senior students transferring from any local public school must provide us with a DSC, D-trak or individual student discipline record.

PHYSICAL

To the best of your knowledge, is the student limited in any of the following areas to the extent that such limitation would affect his/her ability to learn or perform satisfactorily in school? For any YES answers, please explain in the space provided.

Visual: Does the student have any visual impairment?

--

Does the student wear glasses or contacts lens?

Are glasses needed for reading?

--

Auditory: Is the student deaf or hard of hearing?

--

Does the student wear a hearing aid or other hearing related device?

--

Speech: Does the student have any physical speech impediment or difficulty?

--

Does he have difficulty in expressing himself/herself?

--

Has the student ever received correctional speech therapy?

--

Any other known special needs?

--

Has the student been tested, counseled, or treated by a professional counselor, psychologist, therapist, or psychiatrist? ☐ YES ☐ NO

Give details:

--

Has the student ever taken prescribed medication (Ritalin, Valium, Lithium, etc.) for altering emotions, moods, or behavior? ☐ YES ☐ NO

List medication:

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BEHAVIORAL

If applying for grades 5-12, please answer the following questions regarding the student's behavior. Please explain any **YES** answers on a separate sheet of paper and include with the application.

YES NO

		1. Use tobacco in any form (chew, smoke, or use snuff)
		2. Curse or use profanity and vulgarity
		3. Drink alcoholic beverages
		4. Experiment or use illicit drugs
		5. Listen to music other than Christian
		6. Been arrested, accused or convicted of a crime
		7. Associate closely with friends who drink, use tobacco, curse, or use drugs, etc.

RELIGIOUS

Name of church attended						
Street address						
City	State		Zip	Phone		
Denomination or affiliation				Pastor		
How often does the family attend church and Sunday School / Are family members saved? (i.e. had a conversion experience of accepting the Lord Jesus Christ as personal savior?)						
Father	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> All Services	/	<input type="checkbox"/> Saved
Mother	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> All Services	/	<input type="checkbox"/> Saved
Student	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> All Services	/	<input type="checkbox"/> Saved

PERSONAL

What are the student's hobbies and interests (grades 7-12)?
What are the student's educational goals (grades 9-12)?
Why do the parents desire to send the child to WCA?
Who made the decision to apply for admission to WCA?
<input type="checkbox"/> Parent(s) <input type="checkbox"/> Student <input type="checkbox"/> Both parent(s) and student
Are there any unusual factors in the child's life that the school should be aware of? (for example: absence of father or mother, invalid parent, in-laws in the home, divorces, adoptions, accidents, or etc.)

WILSON CHRISTIAN ACADEMY

PARENT(S) STATEMENT OF COOPERATION

Please read carefully the following statements. The full signature of both parents is required below.

- We understand that **Wilson Christian Academy** will make the following decisions: 1) to accept or reject this application; 2) to determine the student's classroom and/or grade placement; and 3) to suspend or expel the student for any scholastic or disciplinary problem or lack of proper payments on accounts.
- We give **Wilson Christian Academy** permission for my child to take part in all school activities, including bus trips, sports activities, and school sponsored trips away from the school premises.
- We agree to make every effort to attend the Parent-Teacher Conference as scheduled on the school calendar.
- We authorize **Wilson Christian Academy** to use the service of a physician and other medical personnel in any case of emergency involving my child(ren).
- We give permission for my child's teacher and/or other agent of the school to make and enforce classroom regulations in a manner consistent with Christian principles and discipline as set forth in the Scriptures. When all other methods of discipline fail, or the offense merits it, the parental administration of corporal discipline may be requested.
- We agree that our child will adhere to the Student Dress Standards.
- We have read and do understand the school's Statement of Faith and we understand that this Statement of Faith is the foundation of the school's curricula and policies. We desire that our child be taught these principles. Realizing that the school does teach the importance of families being active in church, we further intend to see that our family is regular in church attendance.
- This Statement of Cooperation will be in effect for as long as our children listed (or others to be enrolled) attend **Wilson Christian Academy** whether it be in the day care, kindergarten, elementary, or junior-senior high school.
- We are pledging that if, for any reason, our child does not respond favorably to the school, we will not try to change the school to fit his needs, but will quietly withdraw him.
- We are pledging our loyal support to the school through prayer for its program and supporting the procedures and disciplines of the school in fact and in spirit.
- We further agree to hold the school and its agents harmless for any liability to our child or any guardian or parent thereof because of any claims on behalf of my child against the school or any agent thereof because of any injury or alleged injury to our child. Should legal action, for any reason be taken against **Wilson Christian Academy**, or any employee or agent thereof, on our child's behalf and the school or its agents not be found at fault, we agree to pay any attorney fees, court fees, damages or other costs that **Wilson Christian Academy** or its agents should incur to defend itself against such action.

We have read the Parent-Student Handbook and Statement of Cooperation, with full understanding, and agree to abide by the purpose and policies of **Wilson Christian Academy** and do hereby request that our child be accepted as a student. In consideration of **Wilson Christian Academy** accepting our child as a student, we agree that we will accept full financial responsibility for our child's tuition and fees and will pay them on time. It is also our understanding that the policy of the school is to make no refunds on ENROLLMENT FEES or BOOKS.

Signature of both parents required:

Mother _____ Date _____ Father _____ Date _____

Wilson 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 students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in the administration of its educational policies, admission policies, scholarship and loan program, and athletic and other school administered programs.