



Application For Admission S. O. A. R. 2015-2016 Reading Instruction

Current Grade: _____
Date to Begin: _____

STUDENT INFORMATION

Student's Legal Name _____
Last First Middle Nickname

Student's Address _____
Street City State Zip

Telephone _____ Date of Birth _____ Age _____ Gender: Male Female

With whom does the student live? _____

Relationship to the student? _____

PARENT/GUARDIAN INFORMATION

Father's Name _____ Occupation _____

Work Place _____ Work Phone # _____

E-Mail Address _____ Cell Phone _____

Mother's Name _____ Occupation _____

Work Place _____ Work Phone # _____

E-Mail Address _____ Cell Phone _____

Enrollment Fee \$60 due with Application

Payment Plan

___ 1 payment of \$2160 due on September 1

___ 9 payments of \$240 due monthly on the 1st, September through May

I/we agree to pay all tuition and fees in accordance with the selected payment plan.

For office use only

Accepted / start date: _____
Denied / date: _____
Enrollment fee amount \$60 _____
Date paid: _____
Check #: _____

Parent/Guardian Signature Date

How did you become interested in WCA?

Friend / Family Pastor Internet Advertisement Sign Other

Describe your child's interests, talents, and abilities _____

What are the specific learning needs of your child? _____

Current educational program _____ Grade _____

School last attended (if applicable) _____

School address/phone _____

Has the student ever been retained in a grade? _____

Does the student receive special student services, have an IEP (Individualized Education Plan) or 504 plan? _____

Does the student regularly require medication related to learning/attention? _____

Has the student ever been suspended? _____ Expelled? _____ Asked to Withdraw? _____

PARENT STATEMENTS

Because our mission is to provide Christian Education to Christian families we ask that each parent provide a statement describing your personal faith in Jesus Christ.

Father _____

Mother _____

Please list names of anyone other than the parents who will be picking the child from SOAR.

REFERENCES

Please list the names and phone numbers of two families (preferably one WCA family) who knows you well. Do not list relatives.

Name _____ Phone _____

Name _____ Phone _____

SPIRITUAL BACKGROUND

Name of church your family/student attends _____

Address _____ Years Attending _____

Pastor _____ Youth Pastor _____

What is the frequency of your family's attendance: Weekly Frequently Infrequently

EMERGENCY CONTACT INFORMATION

In the event of an emergency where we are unable to reach the parents, please list the name of the person you would like for us to contact.

Name _____ Phone _____