



WHITEFISH CHRISTIAN ACADEMY

NEW STUDENT APPLICATION FOR ADMISSION

For Grades PK-8

For office use:	
<input type="checkbox"/>	Date received _____
<input type="checkbox"/>	Grade _____
<input type="checkbox"/>	Application fee paid
	Check # _____
<input type="checkbox"/>	Entered in Jupiter
<input type="checkbox"/>	Filed in student file

We welcome you to the admissions process of Whitefish Christian Academy. Please return this completed application, the family application (if not already admitted) and your non-refundable \$50 application fee (per student) to the office. In addition to these applications, an interview with both parents and student, and testing of the student will be required. Our goal is to bring together a cohesive student body which can best grow spiritually, socially, and intellectually. Each applicant's academic potential, scholastic motivation, moral character, and extra-curricular interests will be taken into consideration.

Student	<p>Applicant: _____ <small style="display: inline-block; width: 20%; text-align: center;">LAST</small> <small style="display: inline-block; width: 20%; text-align: center;">FIRST</small> <small style="display: inline-block; width: 20%; text-align: center;">MIDDLE</small> <small style="display: inline-block; width: 20%; text-align: center;">NAME USED</small></p> <p>Address: _____ <small style="display: inline-block; width: 30%; text-align: center;">STREET</small> <small style="display: inline-block; width: 20%; text-align: center;">CITY</small> <small style="display: inline-block; width: 10%; text-align: center;">STATE</small> <small style="display: inline-block; width: 10%; text-align: center;">ZIP</small></p> <p>Home Phone: _____ Cell Phone: _____ Work Phone: _____</p> <p>Current grade: _____ Applying for: grade _____ beginning _____ (year)</p> <p>Age on Sept. 10 of beginning year: _____ years _____ months</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female Date of birth: ____/____/____</p>
Current School	<p>School applicant is attending or last attended: _____ <small style="display: inline-block; width: 60%; text-align: center;">NAME</small> <small style="display: inline-block; width: 20%; text-align: center;">SCHOOL DISTRICT</small></p> <p>_____</p> <p><small style="display: inline-block; width: 20%; text-align: center;">ADDRESS</small> <small style="display: inline-block; width: 20%; text-align: center;">CITY</small> <small style="display: inline-block; width: 20%; text-align: center;">STATE</small> <small style="display: inline-block; width: 20%; text-align: center;">ZIP CODE</small> <small style="display: inline-block; width: 10%; text-align: center;">PHONE</small></p> <p>Teacher/counselor reference: _____ <small style="display: inline-block; width: 60%; text-align: center;">NAME</small> <small style="display: inline-block; width: 20%; text-align: center;">PHONE</small></p>
Other Enrollment	<p>Has the applicant ever been dismissed from school or repeated a grade? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain. _____ _____</p> <p>Has the applicant ever been tested or received special help for reading or learning difficulty? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide additional information. _____ _____</p> <p>Has the student ever been diagnosed for or enrolled in any special education program or special school (e.g., resource room, L.D. placement, attention deficit, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain. _____ _____</p> <p>Does the applicant regularly require any medication? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain. _____ _____</p> <p>For students entering 4th -8th Grade: In the student's own handwriting on a separate sheet of paper, submit one or two paragraphs explaining how you feel about the chance to attend WCA.</p>