

**WINTER HAVEN CHRISTIAN SCHOOL  
STUDENT APPLICATION  
School Year: 2010 - 2011**

Student Names (Oldest to Youngest)	Grade Entering	Soc.Sec. Number	Sex (M/F)	Birthdate (mo/da/yr)	Race (Circle One)	Extended Care (Check One)	New Student? (Yes/No)
1. _____ (First) (Middle) (Last)	_____	____-____-____	____	____-____-____	White Black Hispanic Asian Pacific Islander Amer.Indian/Alaskan	__Early Morn Only __Full Ext. Care (morn/afternoon)	_____
2. _____	_____	____-____-____	____	____-____-____	White Black Hispanic Asian Pacific Islander Amer.Indian/Alaskan	__Early Morn Only __Full Ext. Care (morn/afternoon)	_____
3. _____	_____	____-____-____	____	____-____-____	White Black Hispanic Asian Pacific Islander Amer.Indian/Alaskan	__Early Morn Only __Full Ext. Care (morn/afternoon)	_____

**CUSTODIAL GUARDIAN MAILING INFORMATION:**

Name \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Mailing address (if different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Family email address \_\_\_\_\_ @ \_\_\_\_\_

**GUARDIAN EMPLOYMENT INFORMATION:**

Father/Stepfather/Grandfather (Circle One) Name \_\_\_\_\_ Bus. Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Place of Employment \_\_\_\_\_ City \_\_\_\_\_ Job Title \_\_\_\_\_

Soc.Sec.# \_\_\_\_\_ Driver's License # \_\_\_\_\_

(If Self-Employed, give name and purpose of business) \_\_\_\_\_

Mother/Stepmother/Grandmother (Circle One) Name \_\_\_\_\_ Bus. Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Place of Employment \_\_\_\_\_ City \_\_\_\_\_ Job Title \_\_\_\_\_

Soc. Sec. # \_\_\_\_\_ Driver's License # \_\_\_\_\_

(If Self-Employed, give name and purpose of business) \_\_\_\_\_

Who will primarily be responsible for paying the child's/children's tuition? \_\_\_\_\_

**FAMILY: LIST BELOW ALL NAMES AND RELATIONSHIP OF THOSE WHO RESIDE IN YOUR HOUSEHOLD (CHILDREN AND ADULTS).**

NAME	RELATIONSHIP	AGE

Do your children live in this home full-time? \_\_\_ If not, please explain living arrangements (e.g., divorced parents with child in one home one week, another home next week, etc.) \_\_\_\_\_

**CHURCH AFFILIATION:**

What church does your family attend? \_\_\_\_\_ City \_\_\_\_\_ Pastor's Name \_\_\_\_\_

Youth or Children's Minister's Name \_\_\_\_\_ Church Phone: \_\_\_\_\_ Are you members of this church? \_\_\_

\_\_\_ We do not attend any church \_\_\_ Looking for a church Denomination: \_\_\_\_\_

Do your children attend a Bible study (Sunday School) other than regular worship service? \_\_\_\_\_

Please circle the approximate number of times per month the following persons normally attend a church-related activity or service:

Children	0	1	2	3	4	6	8	16
Father/Stepfather	0	1	2	3	4	6	8	16
Mother/Stepmother	0	1	2	3	4	6	8	16

Children's Names	Is Child a Christian? (yes/no)

Through which grade do you plan to keep your child (children) at WHCS? \_\_\_\_\_

**STUDENT AGREEMENT FOR GRADES 6-8:** (This is to be signed on each application each year by each 6<sup>th</sup> – 8<sup>th</sup> grader.)

I have read the *Parent/Student Handbook*. I understand that my attendance at Winter Haven Christian School is a privilege. I pledge that I will abide by all policies and rules set forth by the school. I will at all times strive to exhibit Christian character. I do understand that I may be asked to withdraw from the school at any time if/when my conduct, academics, or life style inside/outside the school is such that it does not reflect the spiritual values taught at Winter Haven Christian School or does not follow the discipline guidelines of the school. Signature does not guarantee enrollment.

Student's Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Student's Signature (if more than one 6<sup>th</sup> – 8<sup>th</sup> grader): \_\_\_\_\_ Print Name: \_\_\_\_\_

Date \_\_\_\_\_

**Parent/Guardian Agreement (Preschool – 8<sup>th</sup> Grade):** (This is to be signed on each application each year.)

I have read the *Parent/Student Handbook* and agree to support the school policies contained therein and will require my student(s) to know and obey all school policies and requirements. I agree to work diligently with WHCS staff and faculty to resolve any areas of concern that I may have during the school year. I agree that I will follow the Matthew 18 principle to resolve any areas of conflict. I also agree to pay my tuition and any other fees in a timely manner as outlined on the financial information sheet and handbook. Signature does not guarantee enrollment.

**PARENT/GUARDIAN SIGNATURES: (BOTH PARENT SIGNATURES REQUIRED WHEN BOTH HAVE CUSTODY)**

Father/Stepfather Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date \_\_\_\_\_

Mother/Stepmother Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date \_\_\_\_\_

**NEW STUDENTS ONLY (Current students skip to Payment Options and Pick-Up List)**

**HOW DID YOU HEAR ABOUT WINTER HAVEN CHRISTIAN SCHOOL? (CHECK ALL THAT APPLY.)**

Yellow Pages    Internet (  WHCS website    other site: \_\_\_\_\_ )    Newspaper articles    Direct Mail  
 Pastor    Flyer at church    TV Commercial    Billboard    Pass by the school    Radio   Other \_\_\_\_\_  
 Recommended to me by the following WHCS school family \_\_\_\_\_  
 Recommended to me by a former student's family \_\_\_\_\_

**NAME AND ADDRESS OF SCHOOL OR PRESCHOOL FROM WHICH STUDENT IS TRANSFERRING TO WHCS:**

**1. Name** \_\_\_\_\_ Birthdate \_\_\_\_\_ Current grade \_\_\_\_\_ (or grade just completed \_\_\_\_\_)  
Previous School or Preschool \_\_\_\_\_ School Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Zip \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

**2. Name** \_\_\_\_\_ Birthdate \_\_\_\_\_ Current grade \_\_\_\_\_ (or grade just completed \_\_\_\_\_)  
Previous School or Preschool \_\_\_\_\_ School Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Zip \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

**3. Name** \_\_\_\_\_ Birthdate \_\_\_\_\_ Current grade \_\_\_\_\_ (or grade just completed \_\_\_\_\_)  
Previous School or Preschool \_\_\_\_\_ School Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Zip \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

\_\_\_\_\_ **(Check here when copy of most recent report card for each child is attached (required)).**

**PREVIOUS LEARNING, EMOTIONAL, DISCIPLINE OR PHYSICAL PROBLEMS:** Have your children had any discipline, learning, emotional, medical, or other problems at his/her present school? \_\_\_\_\_ Have any children been designated as ESE? \_\_\_\_\_ Does your child have any physical problems that will hamper his learning experience? \_\_\_\_\_

**If yes for any of the above, please explain (list specific child's name/grade when explaining):**

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# Winter Haven Christian School

## Emergency Contact Information/Pick-Up List

*(Please fill this form in completely. As required by State law, this form must be on file for each student and will be given to child's teacher, extended care (if applicable) and a copy kept in the office.)*

<u>Student Names (Oldest to Youngest)</u>	<u>Grade Entering</u>	<u>Birthdate (mo/da/yr)</u>	<u>Sex (M/F)</u>	<u>Allergies/Special Health Information</u>
1. _____ (First) (Middle) (Last)	_____	____-____-____	____	_____
2. _____	_____	____-____-____	____	_____
3. _____	_____	____-____-____	____	_____

Extended Care:  None  Early Morning Care Only  Full Extended Care (Eligible for Morning and Afternoon)

Security Code for Phone Messages Regarding Pick-up: Last 4 digits of Father's SS# \_\_\_\_\_ Last 4 digits of Mother's SS# \_\_\_\_\_

Please provide the names and contact information for those **who could be called for an emergency or who are allowed to pick up the child(ren):**

<b>Father</b>	<b>Mother</b>	<b>Step-parent (If Applicable)</b>	<b>Other: _____</b>
Name _____	_____	_____	_____

Employer _____	_____	_____	_____
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Work Phone ( ) _____	_____	_____	_____
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Cell Phone Or Beeper ( ) _____	_____	_____	_____
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Home Phone ( ) _____	_____	_____	_____
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Other names of those allowed to pick up the child(ren)—Print Clearly: Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Do your children live in this home full-time?  If not, please explain living arrangements (e.g., divorced parents with child in one home one week, another home next week, etc.)—We realize this information is repeated from a page 2. This sheet will be separated from the application and given to the teacher.

Student's Last Name _____
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