

# West Cobb Christian Academy

2732 Macland Road • Marietta, GA 30064  
770-359-8754 • info@westcobbchristian.org  
www.westcobbchristian.org

## Admission Application

**Student Name**

First

Last

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**2009-2010  
School Year**

**Program**

Mother's Morning Out (  Tues  Wed  Fri )  Preschool K4 (Tues, Wed, & Fri)  Elementary (Full Week)  Homeschool Co-op (  Tues  Thurs )

**For School Use Only**

**All Students**

- Certificate of Immunization  
 Financial Consideration  
 Multimedia Release Form

**New Students (All Elementary)**

- Legal Birth Certificate  
 Copy of Social Security Card  
 Ear, Eye & Dental Certificate  
 Reference: Community  
 Reference: Religious

**New Students (Grades 1-3)**

- Transcript Release Request  
 Copy of Latest Report Card  
 Copy of Standardized Achievement Testing  
 Reference: Academic

**Payments**

- Application \$ \_\_\_\_\_ ck#  
 Programs \$ \_\_\_\_\_ ck#  
 Tuition \$ \_\_\_\_\_ ck#  
Tuition Payment Schedule  
 Yearly  
 Monthly  
 Bi-Weekly

Returning Student  New Student

**Student's Address (please print)**

*\*Note: When the parent/guardians of a student do not share the same address the address below will be used as the student's primary resident address for registration purposes. Proof of custody required for students not residing with both parents.*

**Home Address of Student**

**For School Use Only** **Proof of Custody**  Received  Not Required

House #      Directional Prefix      Street Name      Tag (Ave, St, Blvd)      Directional Suffix      Apt/Lot #      City      State      Zip Code

**Home Telephone**

(      )      -      \_\_\_\_\_

**Mailing Address of Student (if different from above)**

Post Office Box Address      City      State      Zip Code

**Student Information (please print)**

**Student Legal Name**

Legal Last      Legal First      Middle      Suffix      Nickname

**Gender**

- Male  
 Female

**Birth Information**

\_\_\_\_/\_\_\_\_/\_\_\_\_      Age      Social Security Number

**Student Ethnicity**

- White, Non-Hispanic       Native American or Alaskan Native  
 Black, Non-Hispanic       Asian or Pacific Islander       Hispanic

**Grade Entering**

Returning Student

**Lives With**

- Mother & Father  
 Mother  
 Father  
 Other (please specify)  
\_\_\_\_\_

**Preschool**

- None  
 West Cobb  
Christian Academy  
 Other (please specify)  
\_\_\_\_\_

**Religious Information**

Religious Affiliation      Specific Congregation      Do you attend weekly?  Yes  No

Please list any church ministries in which you or your child may be involved (ex: Bible school teacher, committees, etc.)

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**Student Name**

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**2009-2010  
School Year**

## Parent/Guardian (please print)

*\*Note: If the co-resident adults listed below are NOT the student's parents (i.e. stepparent, foster parent, legal guardian, etc.) then rights to the student's records may only be granted to the adult upon verification using proper documentation.*

<b>Registering Parent/Guardian</b>					Relationship to Student: _____		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Legal Last					Legal First		Middle	
Suffix					Nickname			
Date of Birth ____/____/____								

**Address**

Same as Student's Address     Send Notice of School Activities (if different from Student's Address)

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Employment**

Occupation \_\_\_\_\_ Employer's Name \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Home ( ) \_\_\_\_\_ - \_\_\_\_\_    Mobile ( ) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

**Marital Status**

Married     Widow     Divorced     Separated

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<b>Parent/Guardian</b>					Relationship to Student: _____		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Legal Last					Legal First		Middle	
Suffix					Nickname			
Date of Birth ____/____/____								

**Address**

Same as Student's Address     Send Notice of School Activities (if different from Student's Address)

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Employment**

Occupation \_\_\_\_\_ Employer's Name \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Home ( ) \_\_\_\_\_ - \_\_\_\_\_    Mobile ( ) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

**Marital Status**

Married     Widow     Divorced     Separated

## H Household Member & Sibling Information (please print)

*\*includes all non-guardian co-residents living at the same address \*\*if necessary, continue on Additional Household Member & Sibling Information sheet*

<b>Legal Name</b>					Relationship to Student: _____		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Legal Last					Legal First		Middle	
Suffix					Nickname			
Age _____ Date of Birth ____/____/____								

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**Additional Household Member & Sibling Information (please print)**

*\*includes all non-guardian co-residents living at the same address*

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<p><b>Legal Name</b> Relationship to Student: _____</p> <p>_____</p> <p>Legal Last                      Legal First                      Middle                      Suffix                      Nickname</p>	<p><input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Age _____</p> <p>Date of Birth _____ / ____ / ____</p>
<p><b>Legal Name</b> Relationship to Student: _____</p> <p>_____</p> <p>Legal Last                      Legal First                      Middle                      Suffix                      Nickname</p>	<p><input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Age _____</p> <p>Date of Birth _____ / ____ / ____</p>
<p><b>Legal Name</b> Relationship to Student: _____</p> <p>_____</p> <p>Legal Last                      Legal First                      Middle                      Suffix                      Nickname</p>	<p><input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Age _____</p> <p>Date of Birth _____ / ____ / ____</p>
<p><b>Legal Name</b> Relationship to Student: _____</p> <p>_____</p> <p>Legal Last                      Legal First                      Middle                      Suffix                      Nickname</p>	<p><input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Age _____</p> <p>Date of Birth _____ / ____ / ____</p>
<p><b>Legal Name</b> Relationship to Student: _____</p> <p>_____</p> <p>Legal Last                      Legal First                      Middle                      Suffix                      Nickname</p>	<p><input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Age _____</p> <p>Date of Birth _____ / ____ / ____</p>
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<p><b>Legal Name</b> Relationship to Student: _____</p> <p>_____</p> <p>Legal Last                      Legal First                      Middle                      Suffix                      Nickname</p>	<p><input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Age _____</p> <p>Date of Birth _____ / ____ / ____</p>
<p><b>Legal Name</b> Relationship to Student: _____</p> <p>_____</p> <p>Legal Last                      Legal First                      Middle                      Suffix                      Nickname</p>	<p><input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Age _____</p> <p>Date of Birth _____ / ____ / ____</p>

**General Information**

**Previous Performance**

Please indicate academic level of pupil's previous work:  Excellent  Good  Average  Poor

Has your child ever been tested or recommended for a special education program?  Yes  No

Has your child ever had a physical or learning disability?  Yes  No

Has your child ever been recommended to take medication for a learning or attention disorder?  Yes  No

Has your child ever repeated a grade?  Yes  No

Has your child ever been expelled or suspended from school?  Yes  No

*\*please attach any diagnostic test or explanations of above answers with "yes" marked on a separate sheet of paper.*

Has your child enjoyed school in the past?  Yes  No

What are your goals for your child?

**For School Use Only**

**Diagnostic Tests**

Received

Not Required

**Feedback**

How did you hear about WCCA?

Newspaper  Magazine  Online  Friend  Other

What is the name of the publication, friend or other source where you heard about us?

Share your reasons for applying to WCCA:

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**Parental Agreement**

***As parent/guardian I agree with the following provisions:***

1. I hereby place my confidence in the ability of the administrative staff of West Cobb Christian Academy (WCCA) to assist in the education of my child.
2. I agree to accept all regulations of the school in the applicant's behalf and authorize the school to employ such discipline as is deemed wise and expedient for my child. I agree to abide by all policies in the WCCA handbook.
3. I realize that occasionally children take issue with actions that they do not agree with, and that they are prone to criticize statements out of context. I pledge that I should such occur: I will not support the criticism, I will correct my child, support the school personnel, and call the school for full details any time I have questions concerning the facts.
4. I pledge to build strong relations with my child's teachers and aid in training of my child through a godly example in my home. I will follow through with any work assignments, checking and signing (when applicable) assignments, and any other activities daily. I will see that my child reaches school on time, send written excuses for absences or tardies, and cooperate in training the child.
5. I give permission for my child to take part in all school activities, including sport and school sponsored trips away from school premises (school sponsored field trips must also be accompanied by a parent signed permission slip for that individual trip). I absolve the school from any liability to me or my child because of an injury to him or her at school or during any activity, except where extreme negligence is involved.
6. If legal actions are taken against WCCA and WCCA is not found at fault, I agree to pay all court costs, lawyer fees, and litigation fees.

\_\_\_\_\_  
Mother Signature

\_\_\_\_\_  
Date

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Father Signature

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Date

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**West Cobb Christian Academy  
Admission Application**

**Student Name**

First

Last

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**2009-2010  
School Year**

**Emergency Contact Information (please print)**

*\*also authorized to pick up student*

**Adult Emergency Contact Other than Parent/Guardian**

Relationship to Student: \_\_\_\_\_

Male  Female

Age \_\_\_\_\_

Driver's License

# \_\_\_\_\_

Legal Last

Legal First

Middle

Suffix

Nickname

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**Contact**

Home ( ) \_\_\_\_\_ - \_\_\_\_\_ Mobile ( ) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

**Employment Contact**

Occupation

Employer's Name

Work Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

**Pick-up Authorization (please print)**

**Please List Adults Authorized to Pick Up Student**

Name	Gender	Age	Relationship to Student	Phone	Driver's License
	<input type="checkbox"/> Male <input type="checkbox"/> Female				
	<input type="checkbox"/> Male <input type="checkbox"/> Female				
	<input type="checkbox"/> Male <input type="checkbox"/> Female				

**Medical Information (please print)**

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**Doctor/Physician/Clinic**

Last Name (or Clinic Name) First Name Middle Name, if known

Address City State Zip Code

( ) \_\_\_\_\_ - \_\_\_\_\_  
Office Phone Number

**Existing Medical Conditions / Allergies / Concerns**

*I agree to abide by the Health Policy in the WCCA handbook and not admit my child to school if he or she exhibits any of the diseases and/or symptoms listed in the handbook which would exclude entrance into school. In the event of an emergency, I authorize transport of my child to the nearest hospital or clinic, and consent to any necessary emergency treatment by the medical staff for my child in the event I cannot be reached to make arrangements at the time of illness or accident.*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date