

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

2012 - 2013
School Year

Program

Elementary

Middle

Homeschool Co-op (1 Day: _____ 2 Days: _____)

For School Use Only

All Students

- Certificate of Immunization
- Financial Consideration
- Multimedia Release Form
- Emergency Information Form

New Students (All Elementary)

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

New Students (Grades 1-5)

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

Payments

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

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

Student Legal Name

Legal First Middle Last Suffix Nickname

Gender

- Male
- Female

Birth Information

____/____/____ Age _____
Date of Birth Social Security Number

Student Ethnicity

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

Grade Entering

- _____
- Returning Student

Lives With

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

Previous School

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

Religious Information

_____ Do you attend weekly? Yes No
Religious Affiliation Specific Congregation

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

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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.*

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

Address

Same as Student's Address
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Street _____ City _____ State _____ Zip Code _____

Employment

Occupation _____ Employer's Name _____

Work Phone () _____ - _____

Home () _____ - _____ Mobile () _____ - _____

Email Address: _____

Marital Status

Married Widow Divorced Separated

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="radio"/> Male <input type="radio"/> Female				
	<input type="radio"/> Male <input type="radio"/> Female				
	<input type="radio"/> Male <input type="radio"/> Female				

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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, including 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.
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

Father Signature

Date

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