

2012-13

Application for Admission

113. W. Ninth St., Williamstown, WV 26187
(304) 375-2000

WOOD COUNTY CHRISTIAN SCHOOL

Application Date _____ Grade to Enter _____

Child's Legal Name _____

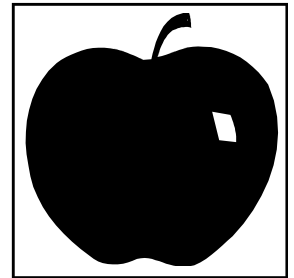
Sex _____ Age _____ Birthdate _____ SS# _____

Natural Parents' Status: (Please mark appropriately)

FATHER

MOTHER

Living
Deceased
Living, Separated
Living, Divorced
Living, Divorced, Remarried
Living, Widowed, Remarried



Sibling Information:

Sister	Brother	Name	Age	Grade	School
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Pupil Lives With:

Last Name _____ Father's First Name _____ Mother's First Name _____

Address _____

City/State/Zip _____ Home Telephone _____

Father employed at _____

Cell Phone _____ Work Phone _____

E-mail address _____

Mother employed at _____

Cell Phone _____ Work Phone _____

E-mail address _____

Child's last school attended _____

School Address _____

Has the child ever repeated a grade? _____ If so, when? _____

Has the child ever been suspended from school? _____ If so, when? _____

Has the child ever been expelled from school? _____ If so, when? _____

Has the child had any scholastic difficulty in school? _____ Comment: _____

Has the child had any disciplinary difficulty in school? _____ Comment: _____

Has the child been in any difficulty with civil authorities? _____ Comment: _____

Child's Physician _____

Has the child been treated for a nervous, mental, or emotional disorder? _____ If so, please explain.

Does your family attend church regularly? _____ If so, where? _____

Reason for selecting this school: _____

Please read and sign (both parents when possible) the following:

STATEMENT OF COOPERATION

It is understood that my child's attendance is a privilege and not a right; and that if at any time his/her conduct, academic progress, or cooperation with the school's authorities is not in keeping with the school's requirements, the school reserves the right to terminate, at its discretion, my child's enrollment.

I give permission for my child to take part in all school activities, including sports programs, and school-sponsored trips away from the school premises. I absolve the school from all liability in the event my child is injured at school or during any school activity.

I agree with the school's efforts to train my child. I understand the financial obligations, policies, rules, and regulations of WCCS as outlined in the Parent-Student Handbook and confirm my cooperation with the school's authorities to honor the same regarding my child.

I pledge not to interfere with the school in its efforts to discipline my child in accord with the standards of conduct the school has established.

If my child voluntarily withdraws or is requested to withdraw by the school, it is understood and accepted that no refund of registration fee nor the current monthly tuition will be made.

Signature of Father _____
Social Security # _____

Signature of Mother _____
Social Security # _____

FOR OFFICE USE

Reg. Fee _____ Date Paid _____ Entry Date _____ Assigned to Grade _____
Health Form _____ School records requested _____ Date Rec'd _____
Withdrawal Date _____ Reason for Withdrawal _____