



2010/2011
ELEMENTARY ENROLLMENT
(Kindergarten – Sixth Grade)

Date Enrolled: _____

PLEASE PRINT ALL INFORMATION CLEARLY

Student's Name: _____
Last First Middle

CHECK GRADE ENTERING 2010/2011 SCHOOL YEAR

KINDERGARTEN MORNING

KINDERGARTEN ALL DAY

FIRST

SECOND

THIRD

FOURTH

FIFTH

SIXTH

SECTION BELOW TO BE COMPLETED BY OFFICE

SECURITY # ASSIGNED: _____

Starting Date if not at the beginning of the school year: ____/____/____

Withdrawal form turned in on ____/____/____

Last day student will attend school: ____/____/____

Reason for withdrawal: _____

FAMILY INFORMATION

PLEASE COMPLETELY FILL OUT THE FOLLOWING INFORMATION CLEARLY

Address: _____
Street City State Zip

Home Phone #: _____ E-Mail Address: _____

Age: ____ Birth Date: _____ My child is ____ left handed ____ right handed ____ undetermined

FATHER:

First & Last Name: _____

Employer's Name: _____ Occupation: _____

Work #: _____ Father's Cell Phone #: _____

MOTHER:

First & Last Name: _____

Employer's Name: _____ Occupation: _____

Work #: _____ Mother's Cell Phone #: _____

FATHER:

___ living with child

___ deceased

___ divorced

___ separated

MOTHER:

___ living with child

___ deceased

___ divorced

___ separated

If parents are separated/divorced, with whom does the child reside: _____

If separated/divorced, would you like duplicate copies of communication sent home with your child? _____

SIBLINGS:

Name:

Age:

School Attends:

We are member's of _____ church-where we attend _____ times a year.

We attend a weekly Bible Study/Sunday School Class ___ yes ___ no

We would like more information about Willott Road Community Church mailed to us ___ yes ___ no

**THE ENROLLMENT PROCESS IS NOT COMPLETE
UNTIL THE FOLLOWING FORMS ARE COMPLETED & SIGNED.**

HANDBOOK FORM

I HAVE READ A COPY OF THE WILLOTT ROAD CHRISTIAN ACADEMY 2010/2011 SCHOOL HANDBOOK- PRIOR TO ENROLLMENT - AND AGREE TO ADHERE TO THE POLICIES WITHIN.

I HAVE ALSO READ THE **FAMILY COMMITMENT STATEMENT** INCLUDED IN THIS HANDBOOK AND AGREE TO THE POLICIES LISTED IN THAT STATEMENT.

PLEASE *PRINT* YOUR CHILD'S NAME ON THE LINE PROVIDED BELOW -
NOTE THE GRADE/PRESCHOOL CLASS THEY ARE IN NEXT TO THEIR NAME.
FILL OUT ONE FORM PER CHILD.

(STUDENT'S NAME AND GRADE - PLEASE PRINT CLEARLY)

(PARENT'S NAME - PLEASE PRINT CLEARLY)

(PARENT'S SIGNATURE)

DATE

WRCA BUZZ BOOK PERMISSION FORM

____ I **GIVE** permission for my child's name, our address, and phone number to be included in the WRCA Buzz Book. This Buzz Book is only given to our school families.

____ I **DENY** permission for my child's name, our address, and phone number to be included in the WRCA Buzz Book.

STUDENT NAME - PLEASE PRINT CLEARLY

GRADE/CLASS

Parent/Legal Guardian Signature

Date

Parent/Legal Guardian Signature

Date

**TO COMPLETE ENROLLMENT PROCESS THIS FORM MUST BE TURNED IN WITH THE
APPROPRIATE ENROLLMENT FEES. SEE TUITION PRICE SHEET
FOR THE FEES THAT APPLY TO YOU.**

EMERGENCY INFORMATION-PLEASE FILL OUT COMPLETELY AND CLEARLY.

List two responsible adults to contact if parents cannot be reached.

Name: _____ relationship to child: _____

Home #: _____ Cell #: _____ Work #: _____

Name: _____ relationship to child: _____

Home #: _____ Cell #: _____ Work #: _____

Allergies classroom teacher should be aware of: _____

Child will receive medication during school hours: ___yes ___no

Be sure to obtain the proper forms from the clinic for the administration of both prescription and non-prescription medication.

If you are a new student to WRCA, please fill out the section below:

Has student repeated any grades? ___yes ___no If yes, what grade(s): _____

Name of school your child attended last year: _____

Why are you leaving the previous school: _____

Has your child ever been expelled or suspended from any other school: ___yes ___no

If yes, name and address of school: _____

If yes, please explain: _____

Who referred you to WRCA: _____

Where did you hear about WRCA? ___phone book ___church sign ___friends/neighbors
___cable ___newspaper other: _____

*****OFFICE*****

Staff person taking enrollment: _____

Enrollment fee amount: _____ Check #: _____ Cash Receipt #: _____ MC/VISA _____

Met with Principal: ___yes - date met: ___/___/___ ___no - meeting set for ___/___/___

TRANSCRIPTS MAILED FOR ON: ___/___/___

TO: _____

TRANSCRIPTS RECEIVED ON: _____

STARTING DATE, IF NOT AT BEGINNING OF SCHOOL YEAR: _____