



**2010/2011**  
**SECONDARY ENROLLMENT**  
**(Seventh-Tenth Grade)**

Date Enrolled: \_\_\_\_\_

**PLEASE PRINT ALL INFORMATION CLEARLY**

Student's Name: \_\_\_\_\_  
Last First Middle

**CHECK GRADE ENTERING 2010/2011 SCHOOL YEAR**

SEVENTH

EIGHTH

NINTH

TENTH

**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: \_\_\_\_\_