



2009/2010
WILLOTT ROAD CHRISTIAN ACADEMY
ELEMENTARY/MIDDLE/HIGH SCHOOL
ENROLLMENT FORM

Re-Enrollment

New Enrollment

Date Enrolling: _____

PLEASE PRINT ALL INFORMATION CLEARLY

Student's Name: _____
Last First Middle

CHECK GRADE ENTERING 2009/2010 SCHOOL YEAR

KINDERGARTEN MORNING

KINDERGARTEN ALL DAY

FIRST

SECOND

THIRD

FOURTH

FIFTH

SIXTH

SEVENTH

EIGHTH

NINTH

Who referred you to WRCA: _____

Where did you hear about WRCA?

phone book

church sign

friends/neighbors

cable

newspaper

other _____

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

HANDBOOK FORM

I HAVE RECEIVED A COPY OF THE WILLOTT ROAD CHRISTIAN ACADEMY
2009/2010 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.

FILL OUT ONE FORM PER CHILD.

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.

Parent/Legal Guardian Signature

Date

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 office for the administration of both prescription and non-prescription medication.

IF YOU ARE A NEW STUDENT ENTERING WRCA PLEASE COMPLETE THE FOLLOWING INFORMATION:

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, please explain: _____

If yes, name and address of school: _____

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.

*****SECTION BELOW TO BE COMPLETED BY OFFICE*****

Staff person completing enrollment: _____

Enrollment fee amount: _____ Method of payment: _____

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: _____