

PARENT INFORMATION

FATHER

Title: Dr. Mr. Rev. (circle one)

Last *First*

Child lives with above person: full time part time does not reside with this parent/guardian

Relation to child: Parent Step-Parent Grandparent Uncle Legal Guardian (circle one)

Address *City* *State* *Zip*

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Home Phone *Work Phone* *County*

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Cell Phone *Email*

Employer Occupation

MOTHER

Title: Dr. Mrs. Ms. Rev. (circle one)

Last *First*

Child lives with above person: full time part time does not reside with this parent/guardian

Relation to child: Parent Step-Parent Grandparent Aunt Legal Guardian (circle one)

Address *City* *State* *Zip*

() ()

Home Phone *Work Phone* *County*

()

Cell Phone *Email*

Employer Occupation

MARITAL STATUS OF PARENT(S): Together Separated Divorced Widowed Single
(Circle One)

If parents are separated or divorced, who has custody of the child? _____

A copy of the most recently issued Court Order providing custody status must be attached.

PREVIOUS SCHOOLING

List all schools previously attended:

Name of School	City/State	Grade(s) Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

MAILING ADDRESS OF MOST RECENT SCHOOL: _____

Street Address/P.O. Box _____ City/State/Zip Code _____

Telephone Number of School: () _____

Has this child ever been retained/repeated a grade? _____ If yes, which grade? _____

Explanation: _____

Has this child ever been suspended/expelled from a school? _____ Please describe the nature of any previous disciplinary problems: _____

Has this child been enrolled in a special program of any kind in school? _____ If yes, what type of program (i.e. gifted, learning disabled, occupational therapy, speech, etc.)? _____

The student application process will include an element of assessment in order to provide the most appropriate academic plan for each student. This plan would be based on the results of the evaluation, the academic needs identified and the resources available through WCS. Prior academic educational plans would be used for supplemental information, but would not be the framework for the final plan.

MEDICAL

Does this child have any physical or emotional problem? _____ If yes what? _____

Has your child ever had a traumatic experience? _____ If yes, please explain. _____

Has your child ever been professionally diagnosed with any of the following:

- Attention Deficit Disorder
- Attention Deficit Hyperactive Disorder
- Sensory Integration Disorder
- Autism
- Dyslexia
- Bipolar
- Asperger's Syndrome
- Central Auditory Processing Disorder
- Other _____

Is medication required for any of the above? _____ If yes, please list. _____

Is the child allergic to any medications? _____ If yes, please list. _____

CHILD'S PHYSICIAN: _____

PHYSICIAN'S TELEPHONE NUMBER: _____

INTERESTS

Favorite toys or games: _____

Special interests: _____

Favorite foods: _____

Favorite TV programs: _____

Fun things you do together: _____

RELIGIOUS AFFILIATION

Do you consider your home a Christian home? _____

What church do you attend? _____

Are you a member of this church? _____

Which most accurately describes your church attendance?

_____ Active in the church

_____ Attend a few times a year

_____ Attend occasionally

_____ Children attend Sunday School

Explain briefly why you want a Christian education for your child(ren): _____

FAMILY

If you have other children of school age that will not be enrolling in Westbrook Christian School, please explain the reason(s): _____

This information is true to the best of my ability.

FATHER'S (OR GUARDIAN'S) SIGNATURE: _____

Date: _____

MOTHER'S (OR GUARDIAN'S) SIGNATURE: _____

Date: _____

Westbrook Christian School does not discriminate on the basis of race, color, gender, or national and ethnic origin in its admission, educational or athletic policies. The school does not provide enrollment to students whose special educational, physical, or emotional needs cannot be met by our existing programs, services, or staff.

