



**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* \_\_\_\_\_

( ) ( )

\_\_\_\_\_  
*Home Phone* \_\_\_\_\_ *Work Phone* \_\_\_\_\_ *County* \_\_\_\_\_

( )

\_\_\_\_\_  
*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 (including kindergarten):

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: \_\_\_\_\_

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

**STUDENT REFERENCES**

PERSONAL REFERENCES (preferably someone connected with Westbrook Christian School):

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

\_\_\_\_\_  
Street Address/P.O. Box/Apartment No. City/State/Zip Code

TELEPHONE: ( ) \_\_\_\_\_

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

\_\_\_\_\_  
Street Address/P.O. Box/Apartment No. City/State/Zip Code

TELEPHONE: ( ) \_\_\_\_\_

EDUCATIONAL REFERENCES (must include principal and two previous teachers of the student; one teacher must have taught the student in the previous year):

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

\_\_\_\_\_  
Street Address/P.O. Box/Apartment No. City/State/Zip Code

TELEPHONE: ( ) \_\_\_\_\_

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

\_\_\_\_\_  
Street Address/P.O. Box/Apartment No. City/State/Zip Code

TELEPHONE: ( ) \_\_\_\_\_

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

\_\_\_\_\_  
Street Address/P.O. Box/Apartment No. City/State/Zip Code

TELEPHONE: ( ) \_\_\_\_\_

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.