

APPLICATION FOR STUDENT ADMISSION

Woodland WBCS Baptist
Christian School

3665 Patterson Avenue
Winston-Salem, North Carolina 27105
Telephone: 336-767-6176 Fax: 336-767-9116

NOTE: This application does not assure final enrollment but provides information upon which a decision is based. Once the application is accepted, a non-refundable registration fee must be paid in the school office and arrangements will be made for tuition payment.

DATE OF APPLICATION _____

STUDENT NAME _____
Last First Middle

ADDRESS _____
Street City State Zip Code
Telephone Number (____) _____ Sex _____

HOW DID YOU HEAR OF WBCS? _____

ACADEMIC INFORMATION

LAST SCHOOL ATTENDED _____
School Name

Street City State Zip

PRIOR SCHOOL COUNSELOR'S NAME _____

APPLICATION FOR GRADE _____ LAST GRADE COMPLETED _____

REASON FOR MAKING APPLICATION TO WBCS _____

DAYS ABSENT DURING LAST SCHOOL YEAR _____ REASON IF OVER 5 _____

PRIOR ACADEMIC PERFORMANCE: Superior Above Average Average Below Average Failing

HAS YOUR CHILD EVER BEEN SUSPENDED OR HAD SERIOUS DISCIPLINE PROBLEMS? _____

IF YES, EXPLAIN FULLY _____

PERSONAL DATA

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

BIRTHPLACE _____ AGE _____

CONDITION OF HEALTH _____

ALLERGIES _____ INDICATE IF ASTHMATIC, ETC. _____

PHYSICAL/LEARNING DISABILITIES _____

SPIRITUAL INFORMATION

CHURCH STUDENT ATTENDS _____

IS STUDENT A CHURCH MEMBER _____ REGULAR ATTENDER? _____

IS STUDENT A BORN AGAIN BELIEVER? _____

-- PARENT INFORMATION --

CHURCH ATTENDING: FATHER _____ MOTHER _____

BORN AGAIN BELIEVER? FATHER _____ MOTHER _____

FAMILY INFORMATION

PLEASE PROVIDE NAMES OF BIRTH PARENTS:

FATHER _____ MOTHER _____

PLACE OF EMPLOYMENT _____ PLACE OF EMPLOYMENT _____

TELEPHONE NUMBER _____ TELEPHONE NUMBER _____

MARITAL STATUS ___ MARRIED ___ SEPARATED ___ DIVORCED ___ SINGLE PARENT

LEGAL GUARDIAN(S)/STEP PARENT(S) _____

SPECIAL PARENT VISITATION ARRANGEMENTS _____

OTHER CHILDREN IN FAMILY:

Name

Age

School Attending

REFERENCES

- PLEASE INDICATE YOUR PASTOR AS A REFERENCE -

NAME

ADDRESS

TELEPHONE

NAME

ADDRESS

TELEPHONE

NAME

ADDRESS

TELEPHONE

DAY CARE SERVICES

WILL YOU NEED DAY CARE SERVICES? _____ Yes _____ No

IF YES, WHEN? _____ Before School _____ After School _____ Teacher Workdays/Holidays

TUITION ARRANGEMENT

I WILL PAY MY CHILD'S TUITION AS INDICATED BELOW:

- _____ ANNUALLY Full Payment By September 15 of the Current Year
- _____ SEMI-ANNUALLY One-half of the yearly tuition on September 15 of the current year and the remaining balance due on January 15.
- _____ MONTHLY The first payment will be made by September 15 and subsequent payments on the 15th of the month for the nine months of school.

**PAYMENTS MUST BE MADE ON THE DUE DATE
OR STUDENTS WILL BE WITHDRAWN!**

**IN CONSIDERATION OF WOODLAND BAPTIST CHRISTIAN SCHOOL
ACCEPTING MY CHILD AS A STUDENT, WE AGREE TO THE FOLLOWING
TERMS AND CONDITIONS:**

- I herewith authorize this school to educate my child in accordance with scriptural teachings, and will abide by the school rules concerning disciplinary measures and dress codes as outlined in the current Woodland Baptist Christian School Handbook and the Detention and Demerit Lists.
- I hereby pledge to pay financial obligations to Woodland Baptist Christian School on the date due. I also agree to voluntarily withdraw my child if my account becomes delinquent.
- I understand that the standards of Woodland Baptist Christian School do not tolerate profanity, obscenity in word or action, dishonor to the Holy Trinity and the Word of God, disrespect to the personnel of the school, pre-marital sex or any involvement with controlled substances - particularly drugs or alcohol.
- I understand that the school has the right to accept or not accept a student as it deems advisable.

**THIS IS TO CERTIFY THAT I HAVE READ THIS CONTRACT AND DO
HEREBY AGREE TO ALL TERMS AND PROVISIONS AS STATED:**

Signature of Parent or Legal Guardian

Date

FOR OFFICE USE ONLY:

____ Accepted ____ Not Accepted ____ Grade

INTERVIEWER COMMENTS: DATE ____/____/____
