

APPLICATION FOR STUDENT ADMISSION

Woodland WBCS Baptist  
Christian School

1175 Bethania Rural Hall Road  
Winston-Salem, North Carolina 27106  
Telephone: 336-969-2088 Fax: 336-969-0179

**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

**FOR STUDENTS ENTERING K3-6<sup>TH</sup> GRADE: I HAVE RECEIVED AND READ THE SUMMARY OF "NORTH CAROLINA CHILD CARE LAW AND RULES" PAMPHLET. (SEE ENCLOSED DOCUMENT)**

\_\_\_\_\_  
PARENT SIGNATURE

## TUITION ARRANGEMENT

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

\_\_\_\_\_ ANNUALLY Full Payment By August 31 of the Current Year

\_\_\_\_\_ SEMI-ANNUALLY One-half of the yearly tuition on August 31 of the current year  
and the remaining balance due on January 31.

\_\_\_\_\_ MONTHLY The first payment will be made by August 31 and subsequent  
payments on the 31<sup>ST</sup> of the month (August- May) for the ten 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 \_\_\_\_/\_\_\_\_/\_\_\_\_

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