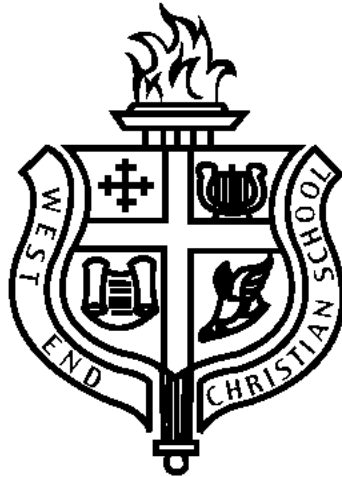


West End Christian School

a ministry of
West End Presbyterian Church

to the families, churches and communities
of the Greater Tri-City area



APPLICATION FOR ADMISSION

Sr. High - Middle School - Elementary
Kindergarten - Pre-K 3 & 4's

*Please send registration fee, a completed application form
and any other required or requested materials to:*

West End Christian School

ATTN: Registrar
1600 Atlantic Street
Hopewell, VA 23860
(804) 458-6142
FAX (804) 458-7183
www.WECS-Hopewell.com
registrar@wecs-hopewell.com



Home of the Crusaders

Student: _____

School Year 20____ - 20____ Grade _____

WECS USE ONLY

App/Fee Rcv'd ____/____/____ _____

New Applicants:

Previous 2 yrs SATs Rcv'd _____

Previous 2 yrs Report Card _____

Parent/Family Interview _____

School Physical _____ Immunization _____

Release of Records _____

Data entered SM _____



Student #

New Student Application

All information must be provided
for this application to be considered

Student Information

Date entering WECS _____ Applying for grade _____

Student's Legal Name _____

Student's preferred name _____ Last _____ First _____ Middle _____ Social Security # _____

Student's Birth Date ____/____/____ Sex: M F Race or Ethnic Origin _____
month day year *required for State and Federal census*

Student's Resident Address _____

City/State/Zip _____ Phone: _____

Student lives with (check all that apply): Father Mother Stepfather Stepmother Other _____

Parent's Marital Status: Married Divorced Separated Widowed Remarried Other _____

If parents are divorced, separated or not the legal guardians, who has legal custody of the student?

Relation _____

Name address if different city state zip

Relation _____

Name address if different city state zip

Is either parent restricted by court order from having equal access to the student or the student's records? _____
(A copy of the court order must accompany this form before enrollment.)

Family Information

Biological Father Stepfather
 Other _____

Name _____

Address (if different from student residence)

E-mail _____

Social Security # _____

Home Phone _____

Cell Phone _____

Occupation _____

Employer _____

Business Phone _____

Biological Mother Stepmother
 Other _____

Name _____

Address (if different from student residence)

E-mail _____

Social Security # _____

Home Phone _____

Cell Phone _____

Occupation _____

Employer _____

Business Phone _____

If there are other children in your family, please complete the following:

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

List any particular talents or interests you would be willing to share with the school:

Father/Guardian _____

Mother/Guardian _____

Academic Information

Please list the schools previously attended (including WECS if enrollment interrupted):

School	Full Address with zip	Dates	Grades completed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Describe the student's interests, abilities and talents _____

Has the student previously:

Yes No

- Been retained in any grade? If yes, which grade? _____
- Been placed in a learning disability class? If yes, which subjects? _____
- Been placed in an honors program? If yes, which subjects? _____
- Used alcohol, tobacco, marijuana or narcotics? _____
- Been suspended? _____ Expelled? _____ Asked to withdraw? _____ (please provide full particulars on a separate sheet, including name of principal and name, address, and phone number of school.)

If yes to any question on previous page, please explain: _____

Why is the student moving from his/her present school? _____

Why have you selected WECS for your child's education? _____

How did you learn of WECS? WECS parent _____
 Church Friend/family Newspaper Radio TV Yellow Pages Web Site Other _____

Health Information

Does the student have any physical disability or condition which might affect his/her school work, including physical education? No - If Yes, please describe: _____

Does the student have vision or hearing difficulties? _____

Please list any allergies the student has _____

Does the student take prescription medicine regularly? No – If Yes, please list medications _____

Has the student been hospitalized within the past three years? No – If Yes, please give dates and reason for hospitalization _____

Has the student ever been treated for any psychological or emotional disorder? No – If Yes, please give name of doctor or facility providing care and dates of care _____

Physician's Name, Address and Phone Number _____

Church Attendance

Do you have a family home church? _____ Yes _____ No How often are you able to attend? _____

Father/Guardian Yes No

Mother/Guardian Yes No

If Yes, please list

Name of Church _____

Name of Church _____

Pastor _____

Pastor _____

Address _____

Address _____

Please share below any additional information we should know about the applicant:

The information contained in this application is true to the best of my/our knowledge.

SIGNATURE: _____

Parent/Guardian

Parent/Guardian

Date

Mission Statement

The mission of West End Christian School is to provide a Christ-centered education of high academic quality so that the students may be prepared to take an active, vital place in the home, the church, the state, and in their future vocations by applying Christian principles in a biblical manner that is glorifying to God.

West End Christian School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities made available to students of the school. It does not discriminate on the basis of race, color, national and ethnic origin in the administration of its educational policies, admissions policies, or any other school-administered programs.