

Warriors for Christ Christian Academy

APPLICATION FOR ADMISSIONS

OFFICE USE ONLY

Date: _____ Home Phone# _____ Student ID# _____

Student Name: _____ D.O.B. _____ SS# _____

Father's Name: First _____ Last _____ Cell # _____

Mother's Name: First _____ Last _____ Cell # _____

Address: _____

City: _____ State: _____ Zip: _____ Email Address: _____

Person Responsible for Bill: _____

Billing Address (if different): _____

Parents' Marital Status: Married _____ Divorced _____ Separated _____ Single _____

Parent's Employment :

Father's Company: _____ Position: _____ Wk. Phone: _____

Mother's Company: _____ Position: _____ Wk. Phone: _____

Church Home: _____ Pastor: _____

List the children you are registering for school:

NAMES	BIRTH DATE	GRADE	MALE/FEMALE	RACE	LAST SCHOOL ATTENDED

How did you hear about WCCA? _____

Reason for selecting WCCA? _____

FINANCIAL AGREEMENT

I understand that the application fee of \$150.00 (per child) to attend WCCA is non-refundable and non-transferable, regardless of any circumstances. It is also understood that any fees paid to WCCA are non-refundable. I contractually agree to pay the registration and tuition according to arrangements that shall be made. We understand that my family account must be current for report cards and transcripts to be issued. School records will be forwarded to another school only when a family account is current.

Parent's Signature

Date

Non-Discriminatory Statement

Warriors for Christ Christian Academy admits students of any race, color, national and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available at the school. Warriors for Christ Christian Academy does not discriminate on the basis or race, color, national or ethnic origin in administration of its educational policies, athletics, and other school-administered programs.

(Revised 04/21/15)

OFFICE USE ONLY:

Date received: _____

Payment Amount: \$ _____ Check No. _____ Cash _____ Money Order _____

Refund Issued: \$ _____ Check No. _____ Date: _____ (Attach explanation letter)

Approved by: _____