

SUPPLEMENTAL FAMILY INFORMATION

Stepfather **Guardian**
 Financial Responsibility Custody
 Pick-up Emergency Contact
 Mr. Dr.

Name _____

Address _____
 Street Address City State Zip

Employer _____ Occupation _____

Work Phone Number _____ Cell Phone Number _____

Primary E-mail Address _____

Stepmother **Guardian**
 Financial Responsibility Custody
 Pick-up Emergency Contact
 Mrs. Ms. Dr.

Name _____

Address _____
 Street Address City State Zip

Employer _____ Occupation _____

Work Phone Number _____ Cell Phone Number _____

Primary E-Mail Address _____

SIBLINGS

Name	Age	Grade	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

GRANDPARENTS

Paternal: Pick-up Emergency Contact

Name _____

Address _____
 Street City State Zip Phone Number

Maternal: Pick-up Emergency Contact

Name _____

Address _____
 Street City State Zip Phone Number

SUPPLEMENTAL CONTACTS/Persons authorized to pick-up child from school other than those already listed on application.

Name _____ Relationship _____ Cell _____ Wk _____
 Pick-Up Emergency

Name _____ Relationship _____ Cell _____ Wk _____
 Pick-Up Emergency

Name _____ Relationship _____ Cell _____ Wk _____
 Pick-Up Emergency

Name _____ Relationship _____ Cell _____ Wk _____
 Pick-Up Emergency

Applicant's Name _____

FAMILY CHURCH MEMBERSHIP

Name of Congregation _____ Is the student baptized? Yes No _____

(Date)

Church or Faith _____ Are parents active members? Yes No

OTHER INFORMATION

(So that your child's educational experience is positive, please provide us with the following information.)

1) Is English your child's first language? Yes No

What language, other than English, is spoken in the home? _____

2) Has your child experienced any problems with drugs, alcohol, smoking, law enforcement agencies, etc.?

Yes No (If yes, please explain by adding an additional page)

3) Has your child experienced any disciplinary/conduct problems, school suspensions, grade retention, school expulsion, double promotions, etc.? Yes No (If yes, please explain by adding an additional page)

4) Does your child have special educational needs? (reading, speech, gifted, ADD, ADHD, etc.)

Yes No (If yes, please explain by adding an additional page)

Specialist involved _____ Phone _____

5) Please describe any physical limitations which may affect your child's health, schoolwork, or participation in physical activities. (glasses, hearing deficit, asthma, etc.) _____

6) Have any behavioral, psychological, or educational evaluations or treatments of your child been performed?

Yes No (If yes, please explain by adding an additional page)

If yes, when and by whom? _____

7) Does your child have any special medical conditions? (severe food allergies, seizures, diabetes, scoliosis, ADD, ADHD, etc.)

Yes No

List conditions _____

Medications _____

Doctor Involved _____ Phone _____

APPLICANT'S CURRENT SCHOOL

Name of current school _____

Grades attended _____

School address _____

School telephone number _____

Reason for leaving current school _____

How did you learn about WCS?

Applicant's Name _____

