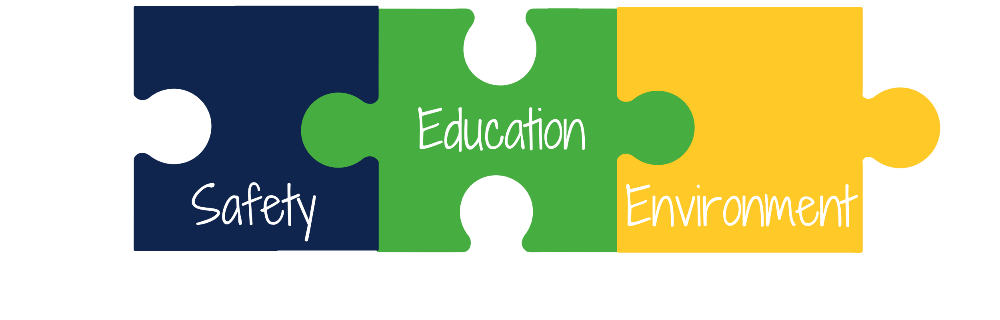


**Student Enrollment Application**

**School Year 2022-2023**



**Student Profile** Desired Start Date: \_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First Name | | | | | M.I. | | | Last | | |
| DOB | Grade Entering | | | | | | Gender: M or F | | Primary Language | |
| Address | | | City | | | | | | | Zip |
| Home Phone | | | Student Lives with  ⃝ Father ⃝ Mother ⃝ Both ⃝Other | | | | | | | |
| If student does not live with both parents, who has legal custody of the child? | | | | | | | | | | |
| Do you have a court order? ⃝ Yes ⃝ No If yes, please attach a copy to application. | | | | | | | | | | |
| Name of Last School Attended | | | | Has the student been retained or expelled?  Grade of retention | | | | | | |
| Has the student ever been evaluated or assessed for a developmental or mental concern, or have a current IEP or 504 Plan? If yes, Please explain. | | | | | | | | | | |
| Physician Name | | Physician Phone | | | | Insurance Company | | | | |
| Medical Conditions | | | | | | Known Allergies | | | | |
| Medications (If medication is needed at school please notify the office and complete Med Forms) | | | | | | | | | | |

**Family Profile Authorized Representative (Parent/Guardian)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name | MI | | Last | | | Relationship |
| Address | | | City | | | Zip |
| Place of Employment | | | | City | | |
| Home Phone | | Cell Phone | | | Work Phone | |
| Driver’s License # | | DOB | | | Social Security # | |
| Email | | | | | | |

**Additional Authorized Representative (Parent/Guardian)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name | MI | | Last | | | Relationship |
| Address | | | City | | | Zip |
| Place of Employment | | | | City | | |
| Home Phone | | Cell Phone | | | Work Phone | |
| Driver’s License # | | DOB | | | Social Security # | |
| Email | | | | | | |
| Representative Live with the Child? Y or N | | | | | | |

**Consent for Student Release**

*I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the authorized representative of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give permission for West Valley Christian Academy Preschool through 8th Grade to photograph my child for classroom use as an enrolled student. I further authorize the use of my child(ren)’s image in our school website and Facebook page . Please note that no student names or personal information will ever be posted. WVCA’s number one goal is student safety.*

*Please circle Y (Yes) or N (No).*

*Authorized Representative Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_*

**Parent Referral** *applicable for students never before enrolled in WVCA Preschool-8*

Referred by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_