



WEST VALLEY CHRISTIAN ACADEMY

PRESCHOOL - 8TH

Student Enrollment & Re-Enrollment Application

School Year _____

WestValleyChristianAcademy.com

WVCAPreschool.com

OFFICE USE ONLY

Date Received: _____

HOH ID _____

Student ID _____

Start Date: _____ Withdrawal: _____

Teacher: _____

WVCA Sibling Grades _____





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 <input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Both <input type="radio"/> Other		
If student does not live with both parents, who has legal custody of the child?				
Do you have a court order? <input type="radio"/> Yes <input type="radio"/> 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				
Representative Live with the Child? Y or N				



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 the following through the conclusion of enrollment: Please circle Y (Yes) or N (No).

Y or N Yearbook

Y or N Website and Marketing Materials

Y or N Social Media Posts

Y or N Newsletter

Authorized Representative Signature: _____ Date: _____

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

Referred by _____