

## Student Enrollment & Re-Enrollment Application

WestValleyChristianAcademy.com
WVCAPreschool.com

OFFICE USE ONLY

Date Received: \_\_\_\_\_\_

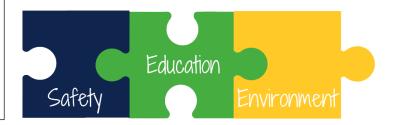
HOH ID \_\_\_\_\_\_

Student ID \_\_\_\_\_

Start Date: \_\_\_\_\_ Withdrawal: \_\_\_\_\_

Teacher: \_\_\_\_\_

WVCA Sibling Grades \_\_\_\_\_





## **Student Profile**

Desired Start Date:

First Name		M.I.	La	Last				
DOB	Grad	le Entering Gender: M or			nder: 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.								
			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	Phy	cian 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	l	City	,			
Home Phone	Cell Phone	Cell Phone		Work Phone		
Driver's License #	DOB	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	Cell Phone			Work Phone		
Driver's License #	DOB	DOB S			Social Security #		
Email							
Representative Live with the 0	Child? Y or N						
Consent for Student Release							
l, the				on for	, West Valley Christian		
Academy Preschool through 8 <sup>th</sup> student. I further authorize the conclusion of enrollment: Pleas	<sup>n</sup> Grade to pl use of my cl	notograph my hild(ren)'s imag	child fo	r classr	oom use as an enrolled		
Y or N Yearbook							
Y or N Website and Marketing	Materials						
Y or N Social Media Posts							
Y or N Newsletter							
Authorized Representative Sigr	nature:				Date:		
Parent Referral applicable for s	students nev	er hefore enro	lled in 1	Λ/// ΔΙ	Preschaal-8		
Referred by	stauciits iiev	er bejore emo	iicu iii l	, v v CA I	reservoir o		