



## Student Application-Full Time

### NON DISCRIMINATION POLICY

The Way Christian school admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

### I. Student Information

Student(s) Applying:

- Student's Full Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_  
Grade Entering \_\_\_\_\_
- Student's Full Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_  
Grade Entering \_\_\_\_\_
- Student's Full Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_  
Grade Entering \_\_\_\_\_
- Student's Full Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_  
Grade Entering \_\_\_\_\_

(Kindergarten students must be 5 by June 1st/ PreSchool Students must be 4 by June 1st)

Contact Information for Mother: Name \_\_\_\_\_

Home Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone/Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Number: \_\_\_\_\_

Contact Information for Father: Name \_\_\_\_\_

Home Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone/Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Number: \_\_\_\_\_

Family's Church \_\_\_\_\_ Pastor \_\_\_\_\_

## II. Educational History

Please list the school your child last attended or is currently attending.

- Name of Student: \_\_\_\_\_ School Name: \_\_\_\_\_  
Teacher:: \_\_\_\_\_ Phone: \_\_\_\_\_
- Name of Student: \_\_\_\_\_ School Name: \_\_\_\_\_  
Teacher:: \_\_\_\_\_ Phone: \_\_\_\_\_
- Name of Student: \_\_\_\_\_ School Name: \_\_\_\_\_  
Teacher:: \_\_\_\_\_ Phone: \_\_\_\_\_
- Name of Student: \_\_\_\_\_ School Name: \_\_\_\_\_  
Teacher:: \_\_\_\_\_ Phone: \_\_\_\_\_

The Way Christian School is not staffed to handle students with severe learning disabilities or those who have trouble behaviorally. For your child's best interest, please be candid when you answer the following questions. If more than one child is applying, please consider each one when answering. Further elaboration of your answers make take place during an interview.

- Has your student ever been referred for testing or placed in a special program? Circle *yes / no*
- Has your student ever repeated a grade for any reason? \_\_\_\_\_ If so, which grade? \_\_\_\_\_
- Has your child ever received other special help or tutoring? Circle *yes / no*
- Has your child ever been suspended or expelled from a previous school? *yes / no*
- Has your child ever seen a counselor/doctor/psychiatrist for any type of social, behavioral, or mental problems? Circle *yes / no* If so, briefly describe the nature of the problem. \_\_\_\_\_  
\_\_\_\_\_
- Has your child ever be diagnosed with having hyperactivity, ADHD, or ADD? Circle *yes / no*
- Do you suspect or have you been told that your child has dyslexia? Circle *yes / no*
- Has your child ever been involved with legal problems or been arrested? Circle *yes / no*
- What special honors or awards has your child received? \_\_\_\_\_

### III. Educational Philosophy

- Why do you want your child(ren) to attend The Way Christian School? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- How did you hear about The Way Christian School? \_\_\_\_\_
- Do you know families who attend The Way Christian School? If so, please list some: \_\_\_\_\_  
\_\_\_\_\_
- Have you read the school handbook? Circle *yes / no*
- Do you agree to have your children taught in accordance with the school handbook? Circle *yes / no*
- If there are any points of philosophy or school policy which are not consistent with your goals for your family, please explain briefly here: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Do you support the following specific aspects of the curriculum and school policies? Circle  
Discipline Policy *yes / no*  
Learning Disability Policy *yes / no*  
School Clothing Policy *yes / no*  
Latin *yes / no*  
Statement of Faith *yes / no*  
Billing Procedures *yes / no*
- If a conflict arises between you (or your child) and the classroom teacher, administrator, or the school board, how would you attempt to resolve it? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Which virtues would you most like your child to exhibit? \_\_\_\_\_  
\_\_\_\_\_

### III. Contracting Signature

I certify that this application is correct. I understand my financial commitment and the dates payments are due, and I agree to faithfully meet my obligations to the school. I have read, understand, and agree with the school's guidelines and policies in the handbook.

**Parent or Guardian:** \_\_\_\_\_ **Date** \_\_\_\_\_