

REGISTRATION FOR ADMISSION – HIGH SCHOOL

Waukesha Christian Academy – W271S2470 Merrill Hills Rd., Waukesha, WI 53188

High School Location: 3250 Summit Ave., Waukesha, WI 53188

Mailing Address: Faith Baptist Church, P.O. Box 31, Waukesha, WI 53187

Date of Application:		Please enclose proper amount to cover the Registration and Book Fees.
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Student Name:					
Last Name		First Name		Middle Name	
Address:					
Street		City		Zip Code	
Phone:	()	Parent Email:			
Father's Cell #:	()	Optional 2nd Email:			
Mother's Cell #:	()	Birth Date:	___/___/___	Age:	
		Month Day Year		Sex:	
Grade to Enter:		School Last Attended:			
Address of School Last Attended:					
Has Applicant Ever Repeated a Grade:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If so, which one?		
Has Applicant Ever Skipped a Grade:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If so, which one?		
Applicant's Grades Have Been:	Superior <input type="checkbox"/>	Above Average <input type="checkbox"/>	Average <input type="checkbox"/>	Below Average <input type="checkbox"/>	

Family Information:

Father's Name:		Mother's Name:	
Employment:		Employment:	
Position:		Position:	
Business Phone:		Business Phone:	
Marital Status:	Married <input type="checkbox"/>	Widow(er) <input type="checkbox"/>	Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/>
Does applicant attend church regularly?	Y <input type="checkbox"/> N <input type="checkbox"/>	Father?	Y <input type="checkbox"/> N <input type="checkbox"/> Mother? Y <input type="checkbox"/> N <input type="checkbox"/>
Is the applicant a member of a church?	Y <input type="checkbox"/> N <input type="checkbox"/>	Name of church:	
Is the Father a member of a church?	Y <input type="checkbox"/> N <input type="checkbox"/>	Name of church:	
Is the Mother a member of a church?	Y <input type="checkbox"/> N <input type="checkbox"/>	Name of church:	

Medical Information:

Family Physician:		Phone:	
Address:			

IN CASE OF EMERGENCY OR CHILD'S ILLNESS, AND YOU CANNOT BE REACHED, WHOM SHALL WE CALL?

Name:		Relation:		Phone:	
Name:		Relation:		Phone:	

All students enrolling for the first time must submit a completed health form at your convenience. If the student has been attending another Christian Day School and has had a physical examination within the past three years, please obtain a copy from the previous school. Please check the one that applies:

Health form is enclosed Form will come from previous school

We will obtain physical examination and complete health form

A record of immunization of your child must be on file with the school.

“With thanksgiving to God, I enroll my child in Waukesha Christian Academy.” Signed by BOTH Parents:

FATHER _____ MOTHER _____

STUDENT TESTIMONY: “As a High School Student in Waukesha Christian Academy, I agree to live by the rules and standards of this school. It is my desire to attend Waukesha Christian Academy High School and happy to be able to do so.”

Signed by Applicant _____