



**APPLICATION**  
 West Alabama Christian School  
 and  
 Preschool Enrichment Program  
 A Ministry of Fairhaven Baptist Church



**STUDENT INFORMATION**

STUDENT'S NAME \_\_\_\_\_ GRADE APPLYING FOR \_\_\_\_\_  
Last First Middle

NAMED CALLED BY \_\_\_\_\_ HOME PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City State ZIP

SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE \_\_\_\_\_

M \_\_\_ F \_\_\_ RACE : \_\_\_ White \_\_\_ African American \_\_\_ Hispanic \_\_\_ Other \_\_\_\_\_

RELIGIOUS PREFERENCE \_\_\_\_\_ HOME CONGREGATION \_\_\_\_\_

**FAMILY INFORMATION**

FATHER'S NAME \_\_\_\_\_  
Last First Middle

ADDRESS (if different from student) \_\_\_\_\_ HOME PHONE \_\_\_\_\_

EMPLOYER \_\_\_\_\_ POSITION \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

E MAIL \_\_\_\_\_ CELL NUMBER \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_  
Last First Middle

ADDRESS (if different from student) \_\_\_\_\_ HOME PHONE \_\_\_\_\_

EMPLOYER \_\_\_\_\_ POSITION \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

E MAIL \_\_\_\_\_ CELL NUMBER \_\_\_\_\_

*If there is a separation or divorce in the family or if the student resides with a legal guardian, please complete the following:*

WITH WHOM DOES THE CHILD RESIDE? \_\_\_\_\_  
Last First Middle

DOES A CUSTODY ORDER EXIST? \_\_\_\_\_ IF YES, ATTACH A COPY HERETO.

ADDRESS (IF DIFFERENT FROM ABOVE) \_\_\_\_\_

HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMPLOYER \_\_\_\_\_ POSITION \_\_\_\_\_

E MAIL \_\_\_\_\_ CELL NUMBER \_\_\_\_\_

TO WHOM SHOULD NOTICES OF SCHOOL ACTIVITIES BE SENT? \_\_\_\_\_

West Alabama Christian is unable at this time to meet the special needs of children. We will work closely as possible to see that the requirements of children with special needs are met. If the needs become too great for the caregiver and the child, the school reserves the right to ask for the child to be withdrawn from the school.

The purpose of West Alabama Christian School is to honor Christ by serving our community. West Alabama Christian School admits students of any race, color, and national or ethnic origin. Admission to West Alabama Christian School is based upon grades, recommendations, standardized test scores, application information, and personal interview.

**EDUCATIONAL INFORMATION**

If you answer YES to any of the following five questions, please explain below or on a separate sheet of paper.

Has this student ever attended West Alabama Christian before? Yes No If so, when \_\_\_\_\_

Does this student have any documented physical or emotional handicaps? Yes No

If yes, please specify \_\_\_\_\_

If yes, please specify any current medications \_\_\_\_\_

Does this student have any diagnosed or suspected learning difficulties, including ADD, ADHD, etc.? Yes No

If yes, please specify \_\_\_\_\_

If yes, please specify any current medications \_\_\_\_\_

Do you have any documentation that you can provide? Yes No

Has this student ever skipped or repeated a grade or have you met with school officials about grade retention? Yes No

If yes, please specify \_\_\_\_\_

Has your child displayed any behavior that has resulted in a parent conference with any day care or school official(s) Yes No

If yes, please specify \_\_\_\_\_

Has your child been, or are they now pending, suspension (in or out of school), alternative school attendance or expulsion from any school or daycare? Yes No If yes, please specify \_\_\_\_\_

**PREVIOUS SCHOOL HISTORY**

**SCHOOL NAME:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **YEARS ATTENDED:** \_\_\_\_\_

**SCHOOL NAME:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **YEARS ATTENDED:** \_\_\_\_\_

**DEPOSIT AND CONDITIONS**

It is understood that if this application is accepted, we agree to abide by all school rules and regulations. An application fee of \$100.00 must accompany this application and is non refundable. As parent/guardian, I affirm, to the best of my knowledge, that all statements made in this application are true, and agree to pay all tuition and fees incurred with enrollment at West Alabama Christian School.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

**Referral Program**

If you were referred to West Alabama Christian School by someone that is currently enrolled in our school, please list the name the name of the person below.

I was referred by \_\_\_\_\_ Phone # \_\_\_\_\_

**Please put only one name. This is the person that will receive the referral credit.**

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_