

REGISTRATION FOR ADMISSION – K-8TH

Waukesha Christian Academy

W271S2470 Merrill Hills Road, 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.			
Student Name:					
	<small>Last Name</small>	<small>First Name</small>	<small>Middle Name</small>		
Address:					
	<small>Street</small>	<small>City</small>	<small>Zip Code</small>		
Phone:	()	Parent Email:			
Father's Cell #:	()	Optional 2nd Email:			
Mother's Cell #:	()	Birth Date:	___/___/___	Age:	
			<small>Month Day Year</small>		
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 _____