## **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

Student Name:	Date of		Ple	ease end	close pi	oper	amou	nt to	cover	the Re	gistratio	n and	Bool	Fees.				
Address:    Street	Student Name:																	
Phone: ( )								First Name					ľ	Middle Na	ame			
Parent Email:	Address																	
Father's Cell #: ( )	Street											City					Zip Co	ode
Mother's Cell #: { }																		
Grade to Enter:   School Last Attended:    Address of School Last Attended:    Has Applicant Ever Repeated a Grade:   Yes	Father's Cell #: ( )						Optional 2 <sup>nd</sup> Email:								T			
Grade to Enter:   School Last Attended:   Address of School Last Attended:   Has Applicant Ever Repeated a Grade:   Yes	Mother'	s Cell #:	(	)			Birth	Date:	Mon:				Age:		Sex:			
Has Applicant Ever Repeated a Grade: Yes No If so, which one?  Has Applicant Ever Skipped a Grade: Yes No If so, which one?  Applicant's Grades Have Been: Superior Above Average Average Below Average Below Average Average Below Average Average Below Average Average Below Average Below Average Average Below Average Average Below Average Below Average Averag	Grade to Enter: School Las:							ended:		IVIOII	tii Da	y iea	11					
Has Applicant Ever Skipped a Grade: Yes No If so, which one?  Applicant's Grades Have Been: Superior Above Average Average Below Average Family Information:  Father's Name: Employment: Employment: Position: Business Phone: Business Phone: Marital Status: Married Widow(er) Divorced Separated Single Does applicant attend church regularly? Y N Father? Y N Mother? Y N Mother? Y N N Name of church: Is the applicant a member of a church? Y N N Name of church: Is the Father a member of a church? Y N N Name of church: Is the Mother a member of a church? Y N N Name of church: Is the Mother a member of a church? Y N N Name of church: Is the Mother a member of a church? Y N N Name of church: Is the Mother a member of a church? Y N N Name of church: Is the Mother a member of a church? Y N N Name of church: Is the Mother a member of a church? Y N N Name of church: Is the Mother a member of a church? Y N N Name of church: Is the Mother a member of a church? Y N N Name of church: Is the Mother a member of a church? Y N N Name of church: Is the Mother a member of a church? Y N N Name of church: Is the Mother a member of a church? Y N N Name of church: Is the Mother a member of a church? Y N N Name of church: Is the Mother a member of a church? Y N N Name of church: Is the Mother a member of a church? Y N N Name of church: Is the Mother a member of a church? Y N N Name of church: Is the Mother a member of a church? Y N N Name of church: Is the Mother a member of a church? Y N N Name of church: Is the Mother? It is t	Address	of Schoo	Last At	tended	l:													
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Family Information:  Father's Name: Employment: Employment:  Business Phone:  Marital Status: Married	Has App	licant Eve	r Skipp	ed a Gr	ade:	Yes		No 🗌		If so	, whi	ch or	ne?					
Father's Name: Employment: Position: Business Phone: Marital Status: Married	Applican	ıt's Grade	s Have	Been:	Supe	erior 🗌	] ,	Above	Avera	ge [	/	Avera	age 🗌	Be	low Av	erage	<u>.                                      </u>	
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Employment:  Position:  Business Phone:  Marital Status: Married   Widow(er)   Divorced   Separated   Single    Does applicant attend church regularly?   Y   N   Father?   Y   N   Mother?   Y   N    Is the applicant a member of a church?   Y   N   Name of church:  Is the Father a member of a church?   Y   N   Name of church:  Is the Mother a member of a church?   Y   N   Name of church:  Is the Mother a member of a church?   Y   N   Name of church:  Is the Mother a member of a church?   Y   N   Name of church:  Is the Mother a member of a church?   Y   N   Name of church:  Medical Information:  Family Physician:   Phone:    Address:   Phone:    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:	Family	Inform	ation:															
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