



NEW FAMILY APPLICATION

Student's Name (Please list oldest to youngest child.)

Last:	First:	Middle:	Preferred Name:
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<input type="checkbox"/> Male <input type="checkbox"/> Female	Age as of Aug. 1st:	Grade Entering:	Date of Birth:	Social Security Number
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Student's Name

Last:	First:	Middle:	Preferred Name:
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<input type="checkbox"/> Male <input type="checkbox"/> Female	Age as of Aug. 1st:	Grade Entering:	Date of Birth:	Social Security Number
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Student's Name

Last:	First:	Middle:	Preferred Name:
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<input type="checkbox"/> Male <input type="checkbox"/> Female	Age as of Aug. 1st:	Grade Entering:	Date of Birth:	Social Security Number
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Students Live With <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other:
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Student's Contact Information (Please list information from oldest to youngest child):

Student Cell Phone:	Student Email:
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Student Cell Phone:	Student Email:
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Student Cell Phone:	Student Email:
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Current Physical Address

House Number:	Street:	Apt Number:
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City:	State:	Zip
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Mailing Address ☐ Same as Physical

Address:	City	State	Zip Code
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Referred By: _____

Parent/Guardian Information

Father's Information ☐ Send Correspondences ☐ WMCS Alumni Year:

Name:	Email:
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Cell:	Work:	Home/other:
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Address:	City	State	Zip Code
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Employer:	Occupation:
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Religious Affiliation:	Church Membership:	Regular Attending <input type="checkbox"/> Yes <input type="checkbox"/> No
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Mother's Information ☐ Send Correspondences ☐ WMCS Alumni Year:

Name:	Email:
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Cell:	Work:	Home/other:
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Address:	City	State	Zip Code
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Employer:	Occupation:
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Religious Affiliation:	Church Membership:	Regular Attending <input type="checkbox"/> Yes <input type="checkbox"/> No
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Parents are : ☐ Married ☐ Divorced ☐ Separated ☐ Other:

Note: Parents seeking to limit the right of another parent to school related information, pick up a child, visit a child, or remove a child MUST present the school with current and valid orders.

Non-Parent Guardian/ Step-Parent Information ☐ Send Correspondences ☐ WMCS Alumni Year:

Relationship to Student:

Name:	Email:
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Cell:	Work:	Home/other:
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Employer:	Occupation:
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Religious Affiliation:	Church Membership:	Regular Attending
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List other Adults or Children Living in the Household

Name	Age: Grade: <input type="checkbox"/> ADULT	Relationship to Student:	Current WMCS Student <input type="checkbox"/> Yes <input type="checkbox"/> No
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Name	Age: Grade: <input type="checkbox"/> ADULT	Relationship to Student:	Current WMCS Student <input type="checkbox"/> Yes <input type="checkbox"/> No
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Name	Age: Grade: <input type="checkbox"/> ADULT	Relationship to Student:	Current WMCS Student <input type="checkbox"/> Yes <input type="checkbox"/> No
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Emergency Contacts/Pick up Information (Other than Parents/ Guardians)

Name:	Relationship to Student:
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Cell:	Work:	Other/Home:
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Name:	Relationship to Student:
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Cell:	Work:	Other/Home:
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Name:	Relationship to Student:
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Cell:	Work:	Other/Home:
-------	-------	-------------

Name:	Relationship to Student:
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Cell:	Work:	Other/Home:
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Name:	Relationship to Student:
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Cell:	Work:	Other/Home:
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Name:	Relationship to Student:
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Cell:	Work:	Other/Home:
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Student Education Information (Oldest Child to Youngest) NEW STUDENTS ONLY

Student's Name:

Current School Attending or Last School Attended:

Address:

City:

State:

Zip:

Phone:

Fax:

Student's Name:

Current School Attending or Last School Attended:

Address:

City:

State:

Zip:

Phone:

Fax:

Student's Name:

Current School Attending or Last School Attended:

Address:

City:

State:

Zip:

Phone:

Fax:

Academic Information:(Oldest Child to Youngest)

Student's Name: _____

Has your child been referred or served by the following programs?

Speech & Hearing ☐ Yes ☐ No Counseling ☐ Yes ☐ No Dyslexia Program ☐ Yes ☐ No

Gifted & Talented ☐ Yes ☐ No Adaptive P.E. ☐ Yes ☐ No Special Education ☐ Yes ☐ No

Tutoring or Special help in: Reading ☐ Yes ☐ No Science ☐ Yes ☐ No Math ☐ Yes ☐ No

Has your child been retained in a grade? ☐ Yes ☐ No If yes, what grade(s)? _____

If you answered yes to any of the above, please explain: _____

How many days has your child been absent in the current/ previous school year? _____

Reason(s) for absences: _____

Study Habits: (Please check all that apply to your child)

☐ Completes assignments on time ☐ Completes assignments most of the time ☐ Self Motivated

☐ Requires constant supervision ☐ Procrastination (waits until the last minute to complete assignments)

☐ Requires occasional prodding

Please explain all selected study habits: _____

Student's Name: _____

Has your child been referred or served by the following programs?

Speech & Hearing ☐ Yes ☐ No Counseling ☐ Yes ☐ No Dyslexia Program ☐ Yes ☐ No

Gifted & Talented ☐ Yes ☐ No Adaptive P.E. ☐ Yes ☐ No Special Education ☐ Yes ☐ No

Tutoring or Special help in: Reading ☐ Yes ☐ No Science ☐ Yes ☐ No Math ☐ Yes ☐ No

Has your child been retained in a grade? ☐ Yes ☐ No If yes, what grade(s)? _____

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Tutoring or Special help in: Reading ☐ Yes ☐ No Science ☐ Yes ☐ No Math ☐ Yes ☐ No

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☐ Requires occasional prodding

Please explain all selected study habits: _____

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Behavioral Information: (Oldest Child to Youngest)

Child's Name: _____

Referred or served for Behavioral Difficulties ☐Yes ☐No If you answered yes, please explain:

Behavioral Diagnoses: ☐ ADHD (Attention deficit hyperactivity disorder) ☐ ADD (Attention deficit disorder)
☐ Anxiety/Panic ☐ Bi-polar ☐ PTSD (Post-Traumatic Stress Disorder) ☐ ODD (oppositional defiant disorder) ☐ Depression ☐ Autism ☐ Anxiety ☐ Schizophrenia ☐ Asperger Syndrome
☐ OCD (Obsessive Compulsive Disorder) If you checked any of the above, please explain briefly:

Does the student take medication for the above? ☐Yes ☐No If yes, will medication be taken at school? ☐Yes ☐No

Do you have a management plan or doctor orders? ☐Yes ☐No (If yes, please attach a copy of the plan.)

Child's Name: _____

Referred or served for Behavioral Difficulties ☐Yes ☐No If you answered yes, please explain:

Behavioral Diagnoses: ☐ ADHD (Attention deficit hyperactivity disorder) ☐ ADD (Attention deficit disorder)
☐ Anxiety/Panic ☐ Bi-polar ☐ PTSD (Post-Traumatic Stress Disorder) ☐ ODD (oppositional defiant disorder) ☐ Depression ☐ Autism ☐ Anxiety ☐ Schizophrenia ☐ Asperger Syndrome
☐ OCD (Obsessive Compulsive Disorder) If you checked any of the above, please explain briefly:

Does the student take medication for the above? ☐Yes ☐No If yes, will medication be taken at school? ☐Yes ☐No

Do you have a management plan or doctor orders? ☐Yes ☐No (If yes, please attach a copy of the plan.)

Child's Name: _____

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☐ Anxiety/Panic ☐ Bi-polar ☐ PTSD (Post-Traumatic Stress Disorder) ☐ ODD (oppositional defiant disorder) ☐ Depression ☐ Autism ☐ Anxiety ☐ Schizophrenia ☐ Asperger Syndrome
☐ OCD (Obsessive Compulsive Disorder) If you checked any of the above, please explain briefly:

Does the student take medication for the above? ☐Yes ☐No If yes, will medication be taken at school? ☐Yes ☐No

Do you have a management plan or doctor orders? ☐Yes ☐No (If yes, please attach a copy of the plan.)

Medical Information: (Please complete oldest to youngest)

Child's Name _____ Please select all that apply to the student <input type="checkbox"/> Diabetes <input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> Heart <input type="checkbox"/> Allergies <input type="checkbox"/> Migraines <input type="checkbox"/> Asthma <input type="checkbox"/> Epilepsy <input type="checkbox"/> Chronic/ Rheumatoid Arthritis <input type="checkbox"/> Other _____ _____	If you selected any of the medical issues, briefly explain about each one and how it is managed. _____ _____ _____
Allergy Alerts: Please list all serious allergy alerts we should know about. (e.g. Peanut, Fire ants, etc.) and treatments: _____ _____ _____	

Child's Name _____ Please select all that apply to the student <input type="checkbox"/> Diabetes <input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> Heart <input type="checkbox"/> Allergies <input type="checkbox"/> Migraines <input type="checkbox"/> Asthma <input type="checkbox"/> Epilepsy <input type="checkbox"/> Chronic/ Rheumatoid Arthritis <input type="checkbox"/> Other _____ _____	If you selected any of the medical issues, briefly explain about each one and how it is managed. _____ _____ _____
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Allergy Alerts: Please list all serious allergy alerts we should know about. (e.g. Peanut, Fire ants, etc.) and treatments: _____ _____ _____	

Insurance Information

Company: _____	Policy number _____
Doctor: _____	Phone: _____ Preferred Hospital: _____

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Parent Questions

Please make a full statement as to why you want to enroll your child (children) at WMCS.

Please share how you integrate your Faith in your family.

Will you commit to the following:

To attend parent/teacher meetings ☐Yes ☐No

To participate in fund-raising activities ☐Yes ☐No

To assure that your child completes homework and other assignments ☐Yes ☐No

To support the faculty and students at WMCS ☐Yes ☐No

If you answered no, please explain:

Student Questions

Does the student(s) currently (or in the past) use tobacco products? ☐Yes ☐No

If you answered yes, please explain for each student applicable:

Does the student(s) currently (or in the past) drink alcoholic beverages? ☐Yes ☐No

If you answered yes, please explain for each student applicable:

Has the student(s) ever been involved with drugs or failed a drug test? ☐Yes ☐No

If you answered yes, please explain for each student applicable:

Has the student(s) been in trouble with the law? ☐Yes ☐No

If you answered yes, please explain for each student applicable:

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Please describe the personality of your child (children from oldest to youngest).

Student's Name: _____

Student's Name: _____

Student's Name: _____

How does your child (children) display their faith to others? (Grades 5-12)

Student's Name: _____

Student's Name: _____

Student's Name: _____

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**Please list the students' educational and vocational goals.
(Grades 5-12 from oldest to youngest child)**

Student's Name: _____

Student's Name: _____

Student's Name: _____



Nondiscrimination Statement:

West Memphis 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 or its educational policies, admissions policies, scholarship programs, and athletic and other school-administered programs.

I certify that, to the best of my knowledge, the information contained in this application is true, accurate, and complete:

Signed:_____ Date:_____

Printed Name:_____

Relationship to student:_____

OFFICE USE ONLY

Received By: _____ Date Received: _____

☐ Registration Fee Paid Check # _____ Received by: _____

☐ Enrollment Contract Received by: _____

☐ Current Shot Record ☐ Student 1 ☐ Student 2 ☐ Student 3

☐ Birth Certificate ☐ Student 1 ☐ Student 2 ☐ Student 3

☐ Current Health Physical ☐ Student 1 ☐ Student 2 ☐ Student 3

☐ Medical Forms (if applicable) ☐ Student 1 ☐ Student 2 ☐ Student 3

☐ Standardized Test Scores (New Students only) ☐ Student 1 ☐ Student 2 ☐ Student 3

☐ Report Card (New Students only) ☐ Student 1 ☐ Student 2 ☐ Student 3

☐ Insurance Card

☐ Family Covenant

☐ Custody/Court Orders (if applicable)

☐ Test Scheduled Dates

☐ Student 1 Name _____ Date _____ Time: _____ ☐ Test Completed

☐ Student 2 Name _____ Date _____ Time: _____ ☐ Test Completed

☐ Student 3 Name _____ Date _____ Time: _____ ☐ Test Completed

☐ Interview Scheduled Date: _____ Time: _____

☐ Interview Completed by: _____

Accepted:

☐ Student 1 Name _____ ☐ Yes ☐ No

☐ Student 2 Name _____ ☐ Yes ☐ No

☐ Student 3 Name _____ ☐ Yes ☐ No

