

Received:

Date \_\_\_\_\_ Time \_\_\_\_\_

Amt. \_\_\_\_\_ # \_\_\_\_\_

## APPLICATION FOR ADMISSION

### NEW STUDENT APPLICATION ❖ SCHOOL YEAR 2011-2012

❖ GRADE IN FALL \_\_\_\_\_

❖ STUDENT INFORMATION

Last _____	First _____	Middle _____
Address _____		City _____ State _____ Zip _____
Home phone _____	Date of birth ____/____/____	Age _____ <input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnic/Race (optional): <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Asian/Pacific Islands <input type="checkbox"/> Hispanic <input type="checkbox"/> White		

❖ FAMILY INFORMATION

<b><u>PRIMARY HOUSEHOLD</u></b> (Where student resides)		
Parent/Guardian _____	Relationship _____	Cell # _____
Occupation _____	Employer _____	Work # _____
Email _____		
<hr/>		
Parent/Guardian _____	Relationship _____	Cell # _____
Occupation _____	Employer _____	Work # _____
Email _____		

Check any that apply to applicant:  Father is deceased  Mother is deceased  Parents are divorced  Parents are separated  
If applicable, please attach a copy of legal documentation regarding restrictions of non-custodial parents.

<b><u>SECONDARY HOUSEHOLD</u></b>		Home Phone _____
Parent/Guardian _____	Relationship _____	Cell # _____
Address _____		City/State _____ Zip _____
Occupation _____	Employer _____	Work # _____
Email _____		
<hr/>		
Parent/Guardian _____	Relationship _____	Cell # _____
Occupation _____	Employer _____	Work # _____
Email _____		

❖ TUITION PAYMENT PLAN:  10 mo. (July – April)  12 mo. (July – June)  2 equal pmts. (July & Jan.)  In full (July)

❖ SIBLINGS

	Age	Current Grade	School or Occupation
Name _____	_____	_____	_____
Name _____	_____	_____	_____
Name _____	_____	_____	_____

❖ EMERGENCY CONTACTS

In the event that we cannot reach a parent/guardian, please list persons we could contact if your child is ill, injured or otherwise.

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_  
Is also an additional person authorized to pick up my child?  Yes  No

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_  
Is also an additional person authorized to pick up my child?  Yes  No

❖ ADDITIONAL PERSONS AUTHORIZED TO PICK UP MY CHILD

Authorized Person \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Authorized Person \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

❖ ACADEMIC INFORMATION

Present school \_\_\_\_\_ Grades attended \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ School district \_\_\_\_\_  
Type of school  Public  Christian  Parochial  Non-religious/Independent  Home school

Previous school \_\_\_\_\_ Grades attended \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ School district \_\_\_\_\_  
Type of school  Public  Christian  Parochial  Non-religious/Independent  Home school

❖ OTHER INFORMATION

- Does your child have academic/social/emotional difficulties that we should be aware of? \_\_\_\_\_
- Has your child received, or been recommended to receive, additional services for reading or a learning difficulty?  No  Yes  
If yes, please explain \_\_\_\_\_
- Does your child have an Independent Educational Plan (IEP) or a 504 Plan?  No  Yes If yes, please describe \_\_\_\_\_
- Has your child ever been suspended/expelled from school?  No  Yes If yes, please explain \_\_\_\_\_
- Has it ever been suggested that your child repeat a grade?  No  Yes If yes, what grade? \_\_\_\_\_
- Does your child take medication regularly?  No  Yes If yes, please explain \_\_\_\_\_
- Are there any notable factors in the family background that we should be aware of? (i.e.: divorce, death, serious accidents/illness)  
\_\_\_\_\_

❖ CHURCH AFFILIATION

Attend church regularly?  Yes  No If yes, where? \_\_\_\_\_  
Church Name City

❖ SCHOOL DIRECTORY RELEASE:  Include  Do NOT Include

This is a request for permission to print your child's name, address and phone number in the school directory that will be distributed to King's Way families. This directory is not to be used for solicitation of any type.

❖ KWCS PHOTO / WEB PAGE RELEASE:  Yes  No

My child may be included in photos for school publications, advertisements, website, videos and slide productions. Their name will not be included in conjunction with any photos. Every effort will be made to honor this release, however King's Way is not liable for identifying all students in large group photos.

❖ FIELD TRIP PERMISSION:  Yes  No

My child has permission to attend scheduled field trips. Notification of field trips will be given in advance.

❖ HOW DID YOU HEAR ABOUT KING'S WAY CHRISTIAN SCHOOLS?

- Currently enrolled in our Learning Center  Newspaper  Internet search  Phone Book
- While visiting the campus for other activities (church/sports/games/classes)
- Friend \_\_\_\_\_

❖ REGISTRATION FEES and STATEMENT OF NON-DISCRIMINATION

All applications must be accompanied by the applicable registration fee and is non-refundable unless the application is not accepted or space is not available. King's Way Christian School does not discriminate on the basis of race, color, national, and ethnic origin in administration of its admissions policies, scholarship and athletic programs or any other school-administered program.

❖ VERIFICATION OF INFORMATION: The information in this application is true and accurate as of this date.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_







## REQUEST FOR STUDENT RECORDS GRADES 1 – 12 ❖ 2011 – 2012

Requesting from: \_\_\_\_\_  
Previous school

\_\_\_\_\_

Address

\_\_\_\_\_

City State Zip

Please release records for: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grades Attended: \_\_\_\_\_

Please release all available cumulative records including:

- Permanent Records
- Immunization/Health Records
- Psychological
- Behavioral Records

Please forward all records to:

King's Way Christian Schools  
Attn: Registrar  
3300 NE 78<sup>th</sup> Street  
Vancouver, WA 98665

Phone: 360-574-1613  
Registrar: 360-816-1223  
Fax: 360-573-5895

I hereby request and permit the release and forwarding of the above student's records.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_