

Received:	
Date _____	Time _____
Amt. _____	# _____

APPLICATION FOR ADMISSION

NEW STUDENT APPLICATION ❖ SCHOOL YEAR 2011-2012

❖ GRADE IN FALL _____

<u>Kindergarten Preference</u>
Full Day <input type="checkbox"/>
Half Day: AM <input type="checkbox"/> PM <input type="checkbox"/>

❖ 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

<u>PRIMARY HOUSEHOLD (Where student resides)</u>		
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.

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

Name	Age	Current Grade	School or Occupation
_____	_____	_____	_____
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 78th 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: _____