

Whole Life Christian Academy

APPLICATION FOR ADMISSION PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY:

ACCEPTED ___ YES ___ NO INITIALS _____

Registration Date: _____

Note: *Please supply all information requested so we may effectively complete the admission process.*

APPLICANT

Date of Application _____ Grade _____ School Year _____

Student's Name: _____ Preferred Name: _____
Last First Middle

Date of Birth _____ Social Security # _____

Medical History: _____

Allergies: _____

Is child currently taking medications? Yes No Name of Medications: _____

Previous School Attended _____ Grade: _____

School Address: _____ City _____ State _____

School Phone: _____

Father/Legal Guardian

Full Name: _____

Preferred Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Occupation: _____

Place of Employment: _____

Parent e-mail: _____

Person responsible for Billing: _____ Phone # _____

Billing Address: _____ City _____ State _____ Zip _____

Student lives with ___ Father ___ Mother ___ Stepfather ___ Stepmother Other _____

Who has legal custody? _____

Check any that apply: ___ Father is deceased ___ Parents are divorced
___ Mother is deceased ___ Parents are separated

List Name and Age of Siblings:

Has the applicant ever repeated or skipped a grade? Yes No Grade _____

Reason for repeating _____

Has the applicant ever had any serious discipline problems? Yes No Suspended or expelled from school? Yes No

Has the applicant been tested for a learning disability and/or attention deficit disorder? Yes No

Does the applicant have any mental, emotional or physical handicaps which may affect his/her activities or progress, or that we should know about? _____

Has the applicant ever been brought before Juvenile Court or a law enforcement agency? Yes No

If the applicant has been convicted of a crime, expelled, or suspended from any of his/her previous schools, Whole Life Christian Academy will not be able to accept your child.

Church Family Attends _____ Pastor's Name _____

Does applicant attend regularly? Yes No

Does mother attend regularly? Yes No

Does father attend regularly? Yes No

Statement of Personal Christian Experience and Faith:

Father: _____

Mother: _____

State briefly why you wish your child/children to attend Whole Life Christian Academy:

Students, please answer the following questions: (must be in own handwriting.) Grade 2 & up

Tell in your own words what you know about Jesus. _____

Tell in your own words why you want to attend WLCA. _____

Parent Perspective

Recognizing that parents have a unique perspective of their children, please share the three most important things you want Whole Life Christian Academy to know about your child.

1. _____

2. _____

3. _____

The following documents are to be submitted with application:

Georgia Immunization Form 3231

Most current standardized test scores

Georgia 3-Point Screening Form 3300 (K4 & up)

Most current Report Card

Birth Certificate

A \$50 non-refundable application fee must accompany this application.

Activity Permissions

I, (we) agree to allow _____ (child's name) to participate in all school activities including school-sponsored trips away from school premises, and I absolve the school from liability to me or my child because of injury at school or during any school activity. I further authorize the school to secure necessary emergency medical attention for my child in the event of an injury at school or on a school-sponsored trip away from the school premises where parents cannot be contacted.

Whole Life Christian Academy is not equipped or staffed to effectively teach children with special learning needs, behavioral, mental or emotional disabilities. Students with previous discipline records cannot be accepted into WLCA.

Signature of Parent or Legal Guardian

Date

Whole Life Christian Academy 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.

Illness

In case of serious illness or injury at school, whom shall we call if you cannot be reached? *(A relative or friend)*

First Choice

Name _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

Second Choice

Name _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

Parent's Signature _____ Date: _____

Permission to Use Student Image and Work

Whole Life Christian Academy periodically publishes student images (e.g. photographs and video) and student work (written and artistic) in school documents, the school newsletter, and advertising material and on the website. The purpose of this 'permission slip' is to preserve the security and anonymity of individual children while allowing Whole Life Christian Academy publications to show the face and character of the school.

____ (please initial) I give permission for the use of my child's image and work in school brochures, website and other promotional publications. I understand that identifiers, if any, associated with my child's image or work will not include first or last names.

____ (please initial) I give permission for the use of my family's name, address and phone numbers in school directories.

Signature of Parent or Legal Guardian

Date

Permissions will be valid during the school year (s) my child is enrolled at Whole Life Christian Academy.

Medical Release

In the event of an emergency and my child, _____ is injured at Whole Life Christian Academy and no family member or authorized contact can be reached the Director or a Church Staff member has my permission to contact my family physician/pediatrician and to seek medical treatment at the nearest Medical Clinic or Hospital.

I further consent to medical, surgical and hospital care treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health.

I give permission for my child to be transported by ambulance, aid car, or staff car to an emergency center for treatment. I agree to pay all transportation costs.

Physician's Name _____ Phone _____

Physician's Address _____

Preferred Hospital _____

Medical Insurance: Name of Company _____ Policy # _____

Signature of Person Responsible for Payment

Date

Non-Prescription Medication

I hereby authorize Whole Life Ministries Christian Academy, to use the following products on my child according to manufacturer or physician's written instructions. I will not hold Whole Life Christian Academy liable for any allergic reactions or other symptoms when the products are used in accordance with these terms.

Baby Wipes, Baby Lotion, Diaper Ointments, First Aid Ointments, Vaseline, Sunscreen, and Insect Repellent

Benadryl, Acetaminophen, Ibuprofen

Cannot take the following: _____

Signature of Parent or Legal Guardian

Date

Ongoing administration of medications requires you to fill out a "Medication Release Form" for each incident.

Children with Asthma or breathing problems requiring inhalers must have an "Asthma Action Plan" on file.

Family Commitment

We commit to the following:

1. We accept God's responsibility to train up our child in the way that he should go. (Prov. 22.6) We do affirm that this training is carried on in the home.
2. We have examined the Statement of Faith and agree with the purpose of Whole Life Christian Academy and desire the school to work with us in the total education of our children.
3. We pledge loyalty to the goals and standards of Whole Life Christian Academy and will bring any criticism directly to the persons involved according to Matthew 18:15-17.
4. We pledge to avoid discussion of school related issues with those not involved, so as to avert a spirit of strife and division at either our child's expense or the school's.
5. The teachers and administration are given full discretion in the discipline of our children, within the guidelines stated in the Parent/Student Handbook.
6. Whole Life Christian Academy reserves the right to dismiss, suspend or otherwise discipline any student who does not adhere to the standards in the Parent/Student Handbook.
7. We understand that Whole Life Christian Academy is a nonprofit ministry. We will commit to uphold Whole Life Christian Academy in prayer.
8. We understand that we have an unconditional financial obligation to pay the entire year's tuition, that all fees are non-refundable and that delinquent payment could result in our child being dismissed from the school.
9. We understand that failure to comply with any item listed herein could result in withdrawal of my children from Whole Life Christian Academy.

We have read the Family Commitment carefully and hereby agree to the above terms.

Signature of Father or Guardian Date

Signature of Mother or Guardian Date

Child's Name: _____

Whole Life Christian Academy Statement of Faith

WE believe the Bible is the inspired and only infallible and authoritative written Word of God.

WE believe there is only one true God, Jehovah, eternally existent in three persons, God the Father, God the Son and God the Holy Spirit.

- In the deity of our Lord Jesus Christ
- In His virgin birth and sinless life
- In His miracles
- In His vicarious and atoning death on the cross
- In His bodily resurrection
- In His ascension to the right hand of the Father
- In the Blessed Hope – the rapture of the church at Christ's coming
- In His personal return to this earth in power and glory to rule a thousand years

WE believe man is a created being, made in the likeness and image of God, but through Adam's transgression and fall, sin came into the world.

WE believe new birth is necessary for all men and when fulfilled produces eternal life.

WE believe the first step to eternal life with the Godhead is godly sorrow that leads to repentance.

WE believe in water baptism by immersion and is a direct commandment of our Lord and is for believers only.

WE believe in baptism in the Holy Spirit, with the evidence of speaking with other tongues, according to Acts 2:4.

WE believe in the sanctifying power of the Holy Spirit by who's indwelling the Christian is enabled to live a holy life.

WE believe marriage is defined by God as one man and one woman who are united in holy matrimony for the purpose of furthering the Kingdom of God and reflecting the unit of the Godhead.

WE believe in divine healing for the human body and is wrought by the power of God through the prayer of faith and the laying on of hands.

WE believe in the resurrection of the saved and the lost at the final judgment, the one to everlasting life and the other to eternal damnation.

We have read the Statement of Faith for Whole Life Ministries, Incorporated and we understand that they are part of the curriculum and taught to students who attend Whole Life Christian Academy. By signing below, we acknowledge that the statement of faith will be taught to our child, and we hereby give our consent.

Signature of Father or Guardian Date

Signature of Mother or Guardian Date