



Westbrook Christian School

100 Westminster Drive
Rainbow City, Alabama 35906
(256) 442-7457
www.westbrookchristian.org

STUDENT APPLICATION
(1st - 12th)

For Office Use Only: Date Received: Time Received:
Date of Interview: Date Approved:
Time of Interview: Business Office:

NAME OF STUDENT: First Middle Last

PARENT(S):

NAME STUDENT GOES BY: BIRTHPLACE: City/State/Country

AGE OF STUDENT: DATE OF BIRTH: MALE / FEMALE
Month/Day/Year (Circle One)

ADDRESS OF STUDENT: Street Address/P. O. Box/Apartment Number
City/State/Zip Code

TELEPHONE: EMAIL ADDRESS

GRADE APPLYING FOR: SCHOOL YEAR APPLYING FOR: -

Please list all siblings of the applicant, as well as the additional information requested.

NAME AGE GRADE SCHOOL PRESENTLY ATTENDING

Blank lines for listing siblings and additional information.

How did you hear about Westbrook Christian School?

- Friend Mail Billboard Yellow Pages
Family Newspaper Internet Television
Other



**PREVIOUS SCHOOLING**

List all schools previously attended (including kindergarten)

Name of School	City/State	Grade(s) Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

MAILING ADDRESS OF MOST RECENT SCHOOL: \_\_\_\_\_

Street Address/P. O. Box \_\_\_\_\_ City/State/Zip Code \_\_\_\_\_

Telephone Number of School: \_\_\_\_\_

Has this child ever been retained/repeated a grade? \_\_\_\_\_ If yes, which grade? \_\_\_\_\_

Explanation: \_\_\_\_\_

Has this child ever been suspended/expelled from a school? \_\_\_\_\_ Please describe the nature of any previous disciplinary problems: \_\_\_\_\_

Has this child been enrolled in a special program of any kind in school? \_\_\_\_\_ If yes, what type of program (i.e. gifted, learning disabled, occupational therapy, speech, etc.)? \_\_\_\_\_

The student application process will include an element of assessment in order to provide the most appropriate academic plan for each student. This plan would be based on the results of the evaluation, the academic needs identified and the resources available through WCS. Prior academic educational plans would be used for supplemental information, but would not be used for the final plan.

**MEDICAL**

Does this child have any physical or emotional problems? \_\_\_\_\_ If yes, what? \_\_\_\_\_

Has this child ever had a traumatic experience? \_\_\_\_\_ If yes, please explain. \_\_\_\_\_

Has your child ever been professionally diagnosed with any of the following:

- Attention Deficit Disorder
- Attention Deficit Hyperactive Disorder
- Sensory Integration Disorder
- Autism
- Dyslexia
- Bipolar
- Asperger's Syndrome
- Central Auditory Processing Disorder
- Other Vision/Hearing Impairments
- Specific Learning Disability                      In what area? \_\_\_\_\_
- Other \_\_\_\_\_

***Please attach documentation of any diagnosis described above. The enrollment process cannot be completed until this documentation has been provided.***

Is medication required for any of the above? \_\_\_\_\_ If yes, please list. \_\_\_\_\_

Is the child allergic to any medication(s)? \_\_\_\_\_ If yes, please list. \_\_\_\_\_

CHILD'S PHYSICIAN: \_\_\_\_\_ PHYSICIAN'S TELEPHONE NUMBER: \_\_\_\_\_

**RELIGIOUS AFFILIATION**

Do you consider your home a Christian home? \_\_\_\_\_

Which church do you attend? \_\_\_\_\_

Are you a member of this church? \_\_\_\_\_

What most accurately describes your church attendance?

- Active in church
- Attend occasionally
- Attend a few times a year
- Children attend Sunday School

Explain briefly why you want a Christian education for your child(ren): \_\_\_\_\_

**FAMILY**

If you have other children of school age that will not be enrolling in Westbrook Christian School, please explain the reason(s): \_\_\_\_\_

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**STUDENT REFERENCES**

PERSONAL REFERENCES (preferably someone connected with Westbrook Christian School):

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

Street Address/P. O. Box/ Apartment Number

City/State/Zip Code

TELEPHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

Street Address/P. O. Box/ Apartment Number

City/State/Zip Code

TELEPHONE: \_\_\_\_\_

EDUCATIONAL REFERENCES (must include principal and two previous teachers of the student; one teacher must have taught the student in the previous year):

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

Street Address/P. O. Box/ Apartment Number

City/State/Zip Code

TELEPHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

Street Address/P. O. Box/ Apartment Number

City/State/Zip Code

TELEPHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

Street Address/P. O. Box/ Apartment Number

City/State/Zip Code

TELEPHONE: \_\_\_\_\_

This information is true to the best of my ability.

FATHER'S (OR GUARDIAN'S) SIGNATURE:

\_\_\_\_\_ Date: \_\_\_\_\_

MOTHER'S (OR GUARDIAN'S) SIGNATURE:

\_\_\_\_\_ Date: \_\_\_\_\_

Westbrook Christian School does not discriminate on the basis of race, color, gender, or national and ethnic origin in its admission, educational, or athletic policies. The school does not provide enrollment to students whose special educational, physical, or emotional needs cannot be met by our existing programs, services, or staff.