



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

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?

- | | |
|--|--|
| <input type="checkbox"/> Active in church | <input type="checkbox"/> Attend a few times a year |
| <input type="checkbox"/> Attend occasionally | <input type="checkbox"/> 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): _____

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.