



WELLAND CHRISTIAN ACADEMY STUDENT APPLICATION FORM

Student's Last name: _____ Age: _____ (yrs.)
 First name: _____ Middle name: _____
 SS#: _____ - _____ - _____ Male or Female: _____ Date of Birth: _____
 Address: _____ Grade Entering : _____
 City: _____ State _____ Zip _____ Entry date: _____
 Home Phone: _____ Term: Fall _____ Spring _____ Summer _____

Last School Attended: _____ Address: _____ Phone: _____
 Last Grade Level: _____ Dates Attended : _____
 Credits Earned: _____

Father's name: _____ Mother's name: _____

Referred by: _____ Pre-payment terms: Weekly _____ Monthly _____ Semester _____

ADDRESS - Parent's or Guardian's

Address1: Father _____ City _____ State _____ Zip _____

Address2: Mother _____ City _____ State _____ Zip _____

Father's Phone#: Cell _____ Work _____ Employer _____

Mother's Phone#: Cell _____ Work _____ Employer _____

STUDENT AND FAMILY INFORMATION

Nickname: _____	Family Members:	Relation:
	<input type="text"/>	<input type="text"/>
Emergency Contact : _____	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Phone# _____	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

Special Interests: _____
 Medications: _____
 Allergies: _____

Parent's Signature _____ Date: _____

I agree to the APPRENDE SCHOOL policies and procedures and grant permission to request student transcript & records.