

WEST VALLEY CHRISTIAN SCHOOL

ELEMENTARY/MIDDLE SCHOOL/HIGH SCHOOL

22450 Sherman Way

West Hills, CA 91307

818-884-4710 fax 818-884-4749

www.westvalleychristianschool.com

APPLICATION FOR ADMISSION

Date _____ Applying for Grade _____ School Year _____

Student Name _____
first middle last name called

Birth Date _____ Birth Place _____ S.S.# _____ M F

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Student Cell # _____ Student Email _____

Church Attending _____ Member? Yes No

Present Grade _____ Present School _____

Reason for Leaving _____

Previous Schools Attended

School Name _____ Dates Attended _____

School Name _____ Dates Attended _____

Parent Information

Address and home phone number will be included in our school directory unless this box is checked.

Father's Full Name _____

Home Address (if different from applicant's) _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

Occupation _____ Work Phone _____

Employer _____ City _____ Zip _____

Mother's Full Name _____

Home Address (if different from applicant's) _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

Occupation _____ Work Phone _____

Employer _____ City _____ Zip _____

Parents' Marital Status parents married parents separated mother remarried mother deceased
(check all that apply) parents divorced father remarried father deceased

With whom does the applicant live?

Name(s) _____ Relationship _____

If parents are separated, divorced or deceased do you have legal custody or power of attorney?

Who has legal custody? _____

Please answer the following questions: **(New Students Only)**

What do you feel are your child's strengths? _____

What do you feel are your child's weaknesses? _____

Have you been satisfied with the education your child has received until now? _____

If not, in what areas do you desire improvement? _____

What motivates your child? _____

What forms of discipline are effective with your child? _____

Are there any unusual factors in your child's life? (Frequent change of schools, serious illness, etc?) _____

Has the student applicant: **(New Students Only)**

ever been recommended for special education classes or ever been diagnosed with a learning disability by a psychologist, psychiatrist, or a specialist in learning disorders? yes no

ever had any illness or physical limitations which might impair his/her learning ability? yes no

ever been suspended or dismissed for disciplinary reasons? yes no

If the answer is yes to any of the above, please explain:

Please give a brief statement addressing your reasons for seeking enrollment for your child at WVCS.

Emergency Information:

In the event that my child _____ becomes ill or sustains injury while in the care of West Valley Christian School, I appoint authorized personnel to render whatever first aid is deemed necessary. If required, I authorize said person to seek and I consent to medical/surgical treatment from any licensed physician he/she thinks the existing emergency requires, for the relief of pain and to preserve my child's life and health.

Parent Signature _____

Date _____

Special Medical Needs (e.g. allergies) _____

Is your child on medication? Yes ___ No ___ Reason _____

In an emergency, parents will be notified first. In case parents are not available, we need authorization for other individuals to pick up your student. I authorize the following two people to pick up my child from school.

Name and phone number (please include area code).

Name and phone number (please include area code).

This person is NOT authorized to pick up my child. **(Provide legal document.)**

I/we understand that my/our child's likeness may be photographed or videotaped by the school in the course of school activities. I/we hereby give consent for the school to use my/our child's likeness in promotional and/or advertising materials.

Parent/Guardian Signature _____

Date _____ Relationship to Applicant _____

