



ELEMENTARY & MIDDLE SCHOOL  
22450 Sherman Way  
West Hills, CA 91307  
818-884-4710 fax 818-884-4749

## APPLICATION FOR ADMISSION

Today's Date \_\_\_\_\_ Applying for Grade \_\_\_\_\_ School Year \_\_\_\_\_

Student Name \_\_\_\_\_  
First Middle Last Preferred Name

Birth Date \_\_\_\_\_ Birth Place \_\_\_\_\_ SS# \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Ph# \_\_\_\_\_ Student Cell # \_\_\_\_\_

Student Email \_\_\_\_\_

Present Grade \_\_\_\_\_ Present School \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Previous School Attended \_\_\_\_\_

School Name \_\_\_\_\_ Dates Attended \_\_\_\_\_

### **Parent Information**

**Father/Stepfather/Legal Guardian** Full Name \_\_\_\_\_

Home Address (if different from student's) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Ph# \_\_\_\_\_

Email \_\_\_\_\_ Cell# \_\_\_\_\_

Occupation \_\_\_\_\_ Work Ph# \_\_\_\_\_

Employer \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Mother/Stepmother/Legal Guardian** Full Name \_\_\_\_\_

Home Address (if different from student's) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Ph# \_\_\_\_\_

Email \_\_\_\_\_ Cell# \_\_\_\_\_

Occupation \_\_\_\_\_ Work Ph# \_\_\_\_\_

Employer \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

With whom will the applicant live? \_\_\_\_\_ Relationship \_\_\_\_\_

Are parents separated, divorced, or not married? If so, is legal custody with  mother  father  joint?  
If parents are separated, divorced or not married, please provide legal approved court documentation for visitation or mandated restrictions for any parent not authorized to have contact with child.

**Please answer the following questions:**

1. Based on our programs of academics, athletics, arts, technology, leadership, and spiritual development, which programs do you think your child would most enjoy? \_\_\_\_\_
2. How can we help your child in the area of academics, socialization or physical exercise to make this transition to a new school easier? \_\_\_\_\_  
\_\_\_\_\_
3. How much time can you set aside each night for your child to do their homework? \_\_\_\_\_
4. Is there a life crisis or hardship that you would share with your child's teacher to help us understand your child (relocation, loss of family member, parent separation, recent serious illness, loss of job, etc.)? \_\_\_\_\_
5. Does your child have any medical conditions or physical limitations that affect his/her learning?  
Yes \_\_\_ No \_\_\_
6. Has your child ever been assessed with having special education needs, i.e., IEP, 504, etc., or diagnosed with a learning disability? Yes \_\_\_ No \_\_\_
7. Has your child ever been suspended or dismissed for disciplinary reasons? Yes \_\_\_ No \_\_\_
8. Have you received emails or school announcements regarding upcoming events via Constant Contact email or from our school app? Yes \_\_\_ No \_\_\_ The school app "WVCS" can be downloaded for free in the app store.

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

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

**Emergency Information:**

Special Medical Needs (e.g. chronic illness, allergies) \_\_\_\_\_  
\_\_\_\_\_

Is your child on medication? Yes \_\_\_ No \_\_\_ Reason \_\_\_\_\_  
\_\_\_\_\_

**In an emergency, e.g., illness, parents will be notified first.** In case parents are not available, I authorize the following people to pick up my child from school:

\_\_\_\_\_  
Name, relationship, and phone number (please include area code).

\_\_\_\_\_  
Name, relationship, and phone number (please include area code).

**Person(s) authorized to pick up my child at the end of the school day, if different from names above.**

\_\_\_\_\_  
Name, relationship, and phone number (please include area code).

\_\_\_\_\_  
Name, relationship, and phone number (please include area code).

**Please provide legal documentation for any parent/family member NOT authorized to pick up child.**

**Person Responsible for Billing** (if different from mother/father)

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Email \_\_\_\_\_ Cell# \_\_\_\_\_  
Address \_\_\_\_\_ Home Ph# \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

***Is your mailing address different from your home address?***

Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Brothers and Sisters**

Name/Age	School	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Student Ethnicity:** \_\_\_ African American \_\_\_ Asian \_\_\_ Hispanic \_\_\_ Multiracial \_\_\_ White  
\_\_\_ Native American \_\_\_ Other

**Family Church Information**

Church Name: \_\_\_\_\_ Member? \_\_\_\_\_  
\_\_\_ Not part of a church family \_\_\_ Please refer us to a church

**Additional Information** - In order to keep grandparents informed about school activities, they will receive invitations to special events. Please list living grandparents and give their addresses.

Grandparent \_\_\_\_\_ Ph# \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Grandparent \_\_\_\_\_ Ph# \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**How did you hear of our school, i.e., website, Open House, other?** \_\_\_\_\_

**Were you referred to WVCS?** Yes \_\_\_ No \_\_\_ (If yes, please provide the name of the person who referred you to WVCS): \_\_\_\_\_

**Statement of Faith**

We believe the Bible is true, timeless and without error. (II Tim. 3:16; II Pet. 1:21; Phil. 4:8) We believe in one God, eternally existent in three persons: Father, Son and Holy Spirit. (Gen.1:1; John 10:30, 37-38). We believe in the deity of the Lord Jesus Christ, His virgin birth and His sinless life. Jesus Christ is the one who came to redeem and restore mankind to a proper relationship with God by the shedding of His blood as an atonement for our sins. We believe that He has ascended into Heaven and one day will visibly return. (Isa. 7:14; Eph. 1:7; Rev. 19:11-16)

To become a Christian, and to inherit eternal life, each person must confess Jesus is their Lord, repent of his/her sins, and in obedience, be baptized into Jesus Christ. (John 3:16-19; Rom. 3:23)

We believe in the spiritual unity of all Christians and in maintaining proper relationships between the home, church and school. The policies and procedures of our school must not conflict with Biblical principles. We believe that the institution of marriage is between a man and a woman. We follow the principles of Matthew 18 in the resolution of all school related matters. (Matt. 18:15-19; Heb. 12:10-11; Col. 3:12-14)

***In making this application, I understand that:***

1. **I agree to read all published school policies, emails and online resources of regular communications and to comply with all WVCS policies, including the standards of conduct and discipline.**
2. **Administration has full responsibility for placing my child in the proper grade and/or class, as determined by testing and evaluation.**
3. **My cooperation is expected in: a) timely payment of tuition and fees, b) adhering to school start times to ensure your child is on time for class, c) monthly purchase of \$200 in scrip gift cards, d) providing my child with a nutritious snack/lunch, and e) allotting time for homework.**
4. **WVCS reserves the right to dismiss any student or family who does not respect our spiritual values, our faculty and staff or cooperate in our educational process.**
5. **West Valley Christian Church is the parent organization of the school ministry and, as such, will have access to family email addresses so that they can keep you informed of church services and events.**
6. **Falsification of information or failure to include information critical to an enrollment decision will be considered grounds for not accepting a student or for withdrawing a student who has been accepted.**
7. **Name, address, email and phone numbers may be used for a class roster.**

I/we understand that my/our child 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. Yes \_\_\_ No \_\_\_ Parent Signature \_\_\_\_\_

In the event that my child \_\_\_\_\_ becomes ill or sustains an injury while in the care of West Valley Christian School (WVCS), I authorize WVCS personnel to render whatever first aid is deemed necessary. If required, I authorize said person to seek, and I consent to, medical treatment from any licensed physician for the relief of pain and to preserve my child's life and health.

Your signature indicates the information in the enrollment application is correct, you have read and agree with the philosophy and policies in the Student Handbook, and that you are under no financial obligations to any former school. Final grade/class placement is subject to administrative approval, satisfactory completion of present grade, and verification of records from previous school(s).

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Signature of Father/Guardian	Date	Signature of Mother/Guardian	Date
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*West Valley Christian School (WVCS) does not discriminate on the basis of race, color, sex, or national or ethnic origin in the admission of students.*