

Referral Family _____

Student Information

Westgate Christian School
(A Ministry of Westgate Baptist Church)

New Student Application 2010-2011

Last Name: _____	First Name: _____	Middle Initial: _____
Goes By: _____	Social Security #: _____	Date of Birth: ___/___/___ Age: _____
Student Cell Phone # _____	Sex: _____ Race: _____	Present Grade Level: _____
Student Email Address: _____	School District Student Resides in #: _____ (Spartanburg, County)	
Church Affiliation: _____	Church Member: Yes ___ No ___	

Family / Legal Guardian Information

Father's Last Name: _____	Title: _____	First Name: _____
Street Address: _____	_____	Home Phone: _____
City: _____	State: _____	Zip Code: _____
Place of Employment: _____	Department: _____	Work Phone: _____ Ext _____
Legal Relationship to student: _____	Lives with Student? Yes ___ No ___	
Financially Responsible? ___ Yes ___ No	Father's Email Address _____	Cell Phone: _____
Work Shift 1st ___ 2nd ___ 3rd ___ Work Days: M, T, W, Th, F, S, Su, (please circle)		
Mother's Last Name: _____	Title: _____	First Name: _____
Street Address: _____	_____	Home Phone: _____
City: _____	State: _____	Zip Code: _____
Place of Employment: _____	Department: _____	Work Phone: _____ Ext _____
Relationship to student: _____	Lives with Student? Yes ___ No ___	
Financially Responsible? ___ Yes ___ No	Mother's Email Address _____	Cell Phone: _____
Work Shift 1st ___ 2nd ___ 3rd ___ Work Days M, T, W, Th, F, S, Su, (please circle)		
Financial Responsibility other than Parent: _____		
Phone # (____)____/____	(Name) _____	
Address _____		
City _____	State _____	Zip Code _____
Grandparents: (We would like to send them information about our school, news letter, etc. involving their grandchild.)		
Name: _____	Name _____	
Address: _____	Address: _____	
City: _____ State: _____ Zip _____	City: _____ State: _____ Zip: _____	
Phone: _____	Phone: _____	

Admission Information

You are applying to attend what grade? _____	School attended last year: _____
Address of school: _____	Phone # (____) ____-____
Have all financial obligations been fulfilled at the school listed above <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has any grade been repeated? _____ If yes, which one: _____	
Reason: _____	
Does the applicant exhibit any kind of rebellious attitudes toward parents or others in authority? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Applicant:	
New Students: (7 th - 12 th) Please fill out NEW STUDENT PERSONAL STATEMENT (testimony) and attach to this application.	
Are you willing to commit to working diligently in our academic program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please give the specific name of the church where you and your child attend or are members: _____	
Mailing Address _____	Phone # _____
Do you attend regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your family attend regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please list two people we can call for a recommendation. (ex Pastor, Youth Pastor, teacher, neighbor)	
1. _____	Phone: (____) ____-____ Relationship: _____
2. _____	Phone: (____) ____-____ Relationship: _____

Please Check the Appropriate Box

YES NO

- Does the applicant have any significant physical impairment? If so, what? _____
- Has the applicant been previously hospitalized? If so, for what? _____
- Is the applicant allergic to anything? If so, what? _____
- Has the applicant had or does the applicant have any major diseases or illness:
If so what? _____
- Is the applicant under the care of a doctor? If so, why? _____
- Has the applicant ever been treated for any nervous, mental, or emotional disorder, or seen a psychologist?
If so, explain: _____
- Has the applicant ever used illegal or dangerous drugs?
- Has the applicant ever used alcoholic beverages or tobacco?
- Has the applicant ever been expelled, dropped, or suspended by any school?
- Does the applicant have any physical, emotional, or mental handicaps which may affect activities or
progress? If so, explain: _____
- Has the applicant received any type of tutoring or therapy? If so, explain: _____
- Does the applicant desire to attend Westgate Christian School?
- Reason for leaving current school: _____

If any answer is affirmative, and there is not enough space to explain, please give complete details on a separate sheet of paper. An explanation may also be required from the doctor, principal, or court if applicable.

In Case of Emergency _____
 _____ (Name) _____ (Relationship) _____ (Phone)
 Physician/Pediatrician _____
 _____ (Name) _____ (Phone)
 Dentist _____
 _____ (Name) _____ (Phone)

Medical Ins. _____
 _____ (Name of Insured) _____ (Policy Number)
Please attach copy of Insurance Card

Hospital Preference In Case of Emergency: Mary Black _____ Spartanburg Regional _____

PARENT/GUARDIAN STATEMENT OF COOPERATION

It is my intention to have my child complete the school year at Westgate Christian School unless otherwise indicated.

It is my intention to pay fees when due and to pay tuition on or before due date. Report cards and transcripts are not released if the account is past due. I understand that if my account becomes 30 days past due, my child or children may have to be suspended until the account is brought current.

I give Westgate Christian School permission for my child to take part in all school activities, including bus trips, sport's activities, and school sponsored trips away from school premises.

I believe that discipline is necessary for the welfare of each student as well as for the entire school. I give my permission for my child's teacher and/or other agent of the school to make and enforce classroom regulations in a manner consistent with Christian principles and discipline as set forth in the Scriptures. The school has permission to administer appropriate discipline (including tallies, citations, demerits, detentions, etc. ...) in order to maintain an orderly atmosphere conducive to learning. Paddling will not be utilized without prior warning and administrative contact. Parents may come to the school to administer the paddling, if they prefer to do so, or students may be suspended in lieu of paddling. All paddlings are recorded with the offense, date, time, and adult witness. I agree to report to any mandatory parent conferences to discuss behavioral or other problems relating to my child when required to do so by the administration.

I pledge to encourage my child in his homework and other special projects, as well as in the application of Biblical principles to his life and learning.

If I am disturbed with some policy or practice of the school, I will speak first to the teacher, and finally to the administrator, rather than to other parents. If I cannot continue to support Westgate, I will withdraw my child without seeking to undermine or discredit the ministry or its personnel.

I will inform the office of any changes in the following: address, personal phone numbers (home, cell phone, beeper, or employer), persons (with phone numbers) authorized to pick up my children, other emergency numbers, medical information, and the custodial status of my children.

In case of accident or illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call my physician and to follow his instructions. If it is impossible for the school to call my physician, the school may make whatever arrangements seem necessary.

Should legal action for any reason be taken against Westgate Christian School or any employee or agent thereof on my child's behalf, and if the school or its agent not be found at fault, I agree to pay any attorney fees, court costs, damages, or other costs that Westgate Christian School or its agent should incur to defend itself against such actions.

Date _____ Parent's/Guardian's Signature _____