



Referring Individual or Family:

Office Use Only
 Date Rec'd ____/____/____
 Reg. Fee Paid _____
 Administration _____

2016-17 School Year - Application must be submitted with Registration Payment

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

Family / Legal Guardian Information

Father's Last Name: _____ **Title:** _____ **First Name:** _____
 Home Phone: _____ Cell Phone: _____ Email Address: _____
 Street Address: _____ Financially Responsible? Yes ___ No ___
 City: _____ State: _____ Zip Code: _____
 Place of Employment: _____ Work Phone: _____ Ext: _____
 Work Shift: 1st ___ 2nd ___ 3rd ___ Work Days: M, T, W, Th, F, S, Su, (please circle)
 Relationship to student: _____ Lives with Student? Yes ___ No ___

Mother's Last Name: _____ **Title:** _____ **First Name:** _____
 Home Phone: _____ Cell Phone: _____ Email Address: _____
 Street Address: _____ Financially Responsible? Yes ___ No ___
 City: _____ State: _____ Zip Code: _____
 Place of Employment: _____ Work Phone: _____ Ext: _____
 Work Shift: 1st ___ 2nd ___ 3rd ___ Work Days: M, T, W, Th, F, S, Su, (please circle)
 Relationship to student: _____ Lives with Student? Yes ___ No ___

Financial Responsibility other than parent:

Last Name _____ Title: _____ First Name: _____
 Home Phone: _____ Cell Phone: _____ Email Address: _____
 Street Address: _____ Financially Responsible? Yes ___ No ___
 City: _____ State: _____ Zip Code: _____
 Place of Employment: _____ Work Phone: _____ Ext: _____
 Work Shift: 1st ___ 2nd ___ 3rd ___ Work Days: M, T, W, Th, F, S, Su, (please circle)
 Relationship to student: _____ Lives with Student? Yes ___ No ___

Paternal Grandparent's Last Name: _____ Title: _____ First Names: _____
Home Phone: _____ Cell Phone: _____ Email Address: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Place of Employment: _____ Work Phone: _____ Ext: _____

Maternal Grandparent's Last Name: _____ Title: _____ First Names: _____
Home Phone: _____ Cell Phone: _____ Email Address: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Place of Employment: _____ Work Phone: _____ Ext: _____

Admission Information

To what grade are you applying to attend? _____ School attended last year: _____
Address of school: _____ Phone: _____
Have all financial obligations been fulfilled at the school listed above? Yes 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? Yes No

Applicant

New Students (7th – 12th) Please submit a **NEW STUDENT PERSONAL STATEMENT (testimony)** and attach to this application.

Are you willing to commit to working diligently in our academic program? Yes No

Please give the specific name of the church where you and your child attend or are members:

Address: _____ City: _____
State: _____ Zip Code: _____ Phone: _____ Pastor: _____

Do you attend regularly? Yes No Does your family attend regularly? Yes No

Please list two people we can call for a recommendation (ex Pastor, Youth Pastor, teacher, neighbor)

1. _____ Phone: _____ Relationship: _____
2. _____ Phone: _____ Relationship: _____

Confidential

YES NO

PLEASE CHECK THE APPROPRIATE BOX

- 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. 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/Guardian _____