

Westside Christian School Application/Registration Form

2018-2019



Child's Legal Name _____ Nickname _____ Applying For Grade _____
 2nd Child's Legal Name _____ Nickname _____ Applying For Grade _____
 3rd Child's Legal Name _____ Nickname _____ Applying For Grade _____

Father Name	Mother Name
Address	Address
Phone #	Phone #
Place of Employment	Place of Employment
Job Title	Job Title
Work Phone	Work Phone
Email	Email

Westside Christian School admits students of any race, color, and national or ethnic origin.

Family Information:

For the safety and security of students, please complete the following information:

Race:

- White
- Native American
- African-American
- Hispanic
- Asian
- Other

Parents marital status:

- Married
- Single
- Divorced
- Separated
- Other _____

Child living with:

- Both parents
- Mother
- Father
- Guardian
- Other

*Legal papers must be on file with the school for enforcement of special circumstances or arrangements.

Adopted:

- Yes
- No

Consent for use of photos or videos for publicity purposes:

- Yes
- No

Language spoken most at home:

By child: _____

By you to child: _____

By child at home: _____

Consent to publish information in school directory:

- Name
- Address
- Phone
- Email
- All of above

Family Faith Information:

Where does your family worship? _____

Please Circle: Members? Regular Attenders? Occasional Attenders?

What are some of the reasons you are enrolling your student at Westside Christian?

Describe how you view Christ and what your family believes:

Student Needs/Services Information:

For planning purposes, we would like to know what grade you plan to have your child attend Westside Christian School?

Please circle your response: Kindergarten 1st 2nd 3rd 4th 5th

Public School District you reside in: _____

Previous School & Grade Address/City/State/Zip Date _____

Has your child ever repeated a grade or received or qualified for resource, special Ed, Title 1, or special tutoring?

(Please Circle: Explain) Yes No _____

Does your child have any emotional challenges? (Please Circle: Explain) Yes No _____

Has your child had any discipline difficulties? (Please Circle: Explain) Yes No _____

Describe your child's / children's attitude toward school, teachers, and learning: (Please provide as many details as possible regarding the child(ren) you would like to register.) _____

Medical Information:

Does your child have or has your child had any special medical conditions that we should be aware of?

(Please Circle: Explain) Yes No _____

Does your child have or has your child had any allergies? (Please Circle: Explain) Yes No _____

Social/Emotional/Spiritual Information:

What are two-three strengths of your child? _____

What is one way that you especially hope your child will grow at Westside? _____

How are you hoping that Westside Christian School can support your child toward this growth? _____

Please read and initial the following statements showing that you have read, agree to, and support the guidelines set forth by Westside Christian School.

- _____ I have read, agree with, and support Westside Christian’s Mission Statement, Statement of Faith, and Philosophy of Christian Education.
- _____ I understand that by registering my student(s), I am making a personal commitment to attend a quarterly community service project with my student(s) and actively support my student with 40 hours each school year.
- _____ I agree to uphold the Tuition and Fee Agreement and Westside Christian’s Policies.
- _____ I agree to play an active role in supporting my child’s education at Westside Christian.
- _____ I understand that field trips are an important part of the learning experience and grant permission for my child to go on field trips associated with Westside Christian School.
- _____ I know and understand that it is my responsibility to train up my child and that the role of Westside Christian School is to partner with me in supporting my child(ren) in developing into the person that God intended them to be in all aspects of his/her well-being through their educational experience.

Parent/Guardian Signature _____

Date _____

***Please submit your registration form & fee to:
Westside Christian School
2601 W. 69th Street, Suite 100 Sioux Falls SD 57108***

Referral Information:

Please take time to let us know how you learned about or decided to come to Westside Christian.

<ul style="list-style-type: none"><input type="checkbox"/> Social Media (Facebook, Emails, Etc.)<input type="checkbox"/> News Media (TV, Radio, Newspaper)<input type="checkbox"/> Family/Friends Referral: _____<input type="checkbox"/> Other: _____
