

Westside Christian School Application/Registration Form



Academic Year: _____

Student Legal Name	Student Nickname	Upcoming Grade-Level	Birth Date

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

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: _____

Parents marital status:
 Married
 Single
 Divorced
 Separated
 Other _____

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? _____

Are you willing to work together with the school to improve your child's social, emotional, spiritual, physical, and intellectual 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 community service days 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 _____

Referral Information:

If you are a new family to Westside, please take time to let us know how you learned about or decided to come to Westside Christian.

Family/Friend Referring: _____

Other: _____

2021-2022 Tuition Rates:

	Single Student:	Sibling Discount:	Sibling Discount:
1-Time New Family Tuition Discount/Family:	\$4,125.00		
Basic Student Tuition:	\$5,125.00	-\$500.00	-\$500.00

Tuition Payment Plans:

Student Registration By March 4th: \$100 per student
 Student Registration After March 4th: \$200 per student

Payment Plans: (Please Check One)

- Annually- August 1st or 15th
- Semi-annually- August 1st/January 2nd
- 10 monthly payments beginning August 1st
- 10 monthly payments beginning August 15th
- 12 monthly payments beginning August 1st
- 12 monthly payments beginning August 15th

Circle: EFT Cash Check

Electronic funds transfer information:

Payments made by any other means other than electronic funds transfer will be subject to a \$5.00 monthly service fee. Payments are due on the 1st of the month. A late fee of \$50.00 will be applied after the 15th of the month. Please attach a voided check for electronic funds transfer and be sure to include signature below:

*I agree to have tuition payments pulled from my checking/savings account as indicated above:

Westside Christian Tuition Projection
 *To be completed by Westside Christian

Student 1: _____/Year
 Student 2: _____/Year
 Student 3: _____/Year
 Tuition Estimate: _____/Year
 Referral Voucher(s) Est.: _____/Year
 Total Tuition Estimate: _____/Year
 Circle: EFT Cash Check
 Tuition Payment Plan & Estimate:
 \$ _____ on _____ 1st / 15th

 Signature

 Date