



ADMISSIONS APPLICATION

Changing the World, One Child at a Time 2495 Burdett Road, College Park, GA 30349 • (770) 210-5744 • www.worldchangers.org/wcca

AA-01/05

I hereby submit application for my daughter / son for Grade _____ beginning Fall 20 _____.

I. Applicant Data

Applicant's Full Name _____
LAST FIRST MIDDLE

Name Preferred _____

Address _____

City _____ State _____ Zip Code _____

Home Telephone Number (_____) Age _____ Date of Birth _____

Social Security # _____ Current Grade _____ Current School _____

School Address _____ Phone (_____)

Place of Birth _____ Country of Citizenship _____

Race _____

Name of church presently attending _____

What is your denomination? _____

Applicant resides with: (check all that apply)

Father Mother Guardian Stepmother Stepfather Grandparent Other _____

Parents are: Married Divorced Separated Widowed Other _____

Who has legal custody of the minor child? _____

Admissions materials should be sent to: Father Mother Both Other _____

List information on all previous schools applicant has attended.

School _____ Dates Attended _____ Grade(s) Completed _____

School _____ Dates Attended _____ Grade(s) Completed _____

School _____ Dates Attended _____ Grade(s) Completed _____

Has applicant ever applied for admission to/been enrolled at World Changers Christian Academy?

Yes _____ No

DATE

II. Family Data

Father's Full Name (Indicate title: Mr., Dr., etc.)

Home Address

City State Zip Code

E-mail

() ()

Home Phone Cell Phone

Occupation

Company Name

Company Address

City State Zip Code

()

Work Phone

High School

Colleges, Universities, Technical Schools

Degree(s)

Father's Parents

Address

City State Zip Code

()

Phone Number

Mother's Full Name (Indicate title: Mrs., Ms., Dr., etc.)

Home Address

City State Zip Code

E-mail

() ()

Home Phone Cell Phone

Occupation

Company Name

Company Address

City State Zip Code

()

Work Phone

High School

Colleges, Universities, Technical Schools

Degree(s)

Mother's Parents

Address

City State Zip Code

()

Phone Number

Name of Sibling	Grade	School
Name of Sibling	Grade	School
Name of Sibling	Grade	School

III. Confidential Information

(Please attach a separate sheet with further details if needed and if you answer “yes” to any of the following questions.)

What special award(s) and/or recognition (including areas outside of school) has the applicant received? _____

Has the applicant ever been suspended or expelled from any school for any reason? Yes No

If yes, why? _____

Has the applicant ever withdrawn from any school for any reason? Yes No

Has the applicant ever repeated a grade? Yes No Which grade? _____

Has the applicant ever attended a school or participated in a program designed for students who have special academic needs or abilities (including gifted, special education, tutoring)? Yes No

If yes, please explain. _____

Has the applicant ever been diagnosed with a learning disability? Yes No

If so, what was the diagnosis? _____

Does the applicant take medication for any medical need and/or learning disability? Yes No

If yes, please describe the medication and its effects (i.e., improves concentration and focus, prevents headaches, controls moods, etc.).

Are there any physical, mental or emotional health conditions that in any way interfere with the applicant’s regular schoolwork, full participation in the physical education program, or which have caused the applicant to miss more than one week of school within the past three years? Yes No

If yes, please explain. _____

Applicant’s areas of strength _____

Applicant’s areas of weakness _____

How do these strengths and weaknesses affect the following?

Your child's classroom performance. _____

Your child's relationships with others. _____

Your child's feelings of self worth and ability. _____

Describe your relationship with Jesus Christ.

Father _____

Mother _____

Describe your child's relationship with Jesus Christ. _____

What role do you believe the Bible should play in your child's education? _____

How is your family involved in church (include any information about your work with missions, mercy ministries, or other charitable/religious organizations)? _____

How did you hear about WCCA? _____

Additional information _____

IV. Waiver of Confidential Materials

We understand that recommendations and evaluations obtained for the purpose of admission to World Changers Christian Academy are confidential (excluding transcripts), and as parents/legal guardians, we waive our right to them. To the best of our knowledge the information in this application is accurate. We further understand that any misrepresentation might invalidate the application process or be grounds for dismissal after enrollment.

Father/Guardian Signature _____ Date _____

Mother/Guardian Signature _____ Date _____