



763 North Sunset Avenue • West Covina CA 91790-1298  
(626) 962-7089 • www.wccsonline.net

# STUDENT APPLICATION

Student's Name \_\_\_\_\_ Applying for Grade \_\_\_\_\_

**Application Process: All items required in order listed.**

**Step 1.** Obtain application

- Obtain California Immunization form - **kindergarten only**
- Obtain 1st grade health screen form - **1st grade only**
- Obtain reference form for students entering **grades 4-8 only**

**Step 2.** Return completed application (Both parents must sign)

- Pay application fee (Non-refundable)
- Return copy of most recent report card
- Return most recent state test scores (if available)
- Return proof of immunization
- Make appointment for Admissions Testing
  - Show Legal birth certificate
  - Return completed 1st Grade Health Screen form - **1st Grade only**
  - Return completed reference form - **grades 4-8 only**

**Step 3.** Take admissions test

**Step 4.** Call school office between 8:30 A.M. - 4:00 P.M. to schedule Parent Interview with Principal

**Step 5.** Attend Parent Interview (Decision concerning acceptance and grade placement will be made at the parent interview.)  
Pay Registration Fee (Non-refundable)

For Office Use

Test Date: \_\_\_\_\_

Interview Date: \_\_\_\_\_

Please complete every section. Please PRINT OR TYPE in black ink.

Pupil's Name \_\_\_\_\_ Entering Grade \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Sex M F

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
City State

Primary Language \_\_\_\_\_

This child lives with: (circle one) Mother & Father Foster Parents Mother Only Grandparents Father Only Other:

Tuition account address \_\_\_\_\_

Father's Name \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Hours \_\_\_\_\_ to \_\_\_\_\_ Cell phone # \_\_\_\_\_

Mother's Name \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Hours \_\_\_\_\_ to \_\_\_\_\_ Cell phone # \_\_\_\_\_

List all children, and others, living in your home.

Name	Age	Son	Daughter	Other
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are you applying now for all K-8 children in your family? Yes \_\_\_\_\_ No \_\_\_\_\_

Last School Attended \_\_\_\_\_ Teacher \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Grade(s) skipped \_\_\_\_\_ Grade(s) repeated \_\_\_\_\_

I learned about WCCS by:  a friend (who? \_\_\_\_\_ )  driving by,  at work,  
 yellow pages,  neighbors,  a mailer,  website,  other (explain \_\_\_\_\_ )

State briefly why you want your child to attend WCCS. \_\_\_\_\_  
\_\_\_\_\_

How do you motivate your child? \_\_\_\_\_  
\_\_\_\_\_

What forms of discipline have you found to be effective with your child? \_\_\_\_\_  
\_\_\_\_\_

What are your child's strengths? \_\_\_\_\_

What are your child's weaknesses? \_\_\_\_\_

Pupil's interests and hobbies \_\_\_\_\_

Has the student ever had any disciplinary difficulty in school? \_\_\_\_\_ If yes, explain briefly. \_\_\_\_\_  
\_\_\_\_\_

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Church student attends \_\_\_\_\_ Denomination \_\_\_\_\_

How frequently? \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ On Special Occasions

Please give a statement of your (the parent) personal relationship to Jesus Christ. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### GENERAL HEALTH INFORMATION

What is the child's general condition of health? \_\_\_\_\_

Any significant conditions at birth, abnormalities, developmental delays? \_\_\_\_\_

Hearing deficiency \_\_\_\_\_ Vision deficiency \_\_\_\_\_ Must glasses be worn at school? \_\_\_\_\_

Is child allergic to any drugs? \_\_\_\_\_ If yes, what \_\_\_\_\_

Must child be restricted in any physical activities or sports? Yes No

Number of Absences last school year \_\_\_\_\_

Number of Tardies last school year \_\_\_\_\_

Any other pertinent health information regarding your child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FINANCIAL INFORMATION**

**TUITION FEES:**

Tuition is a yearly fee which may be paid in eleven equal monthly payments as a convenience for parents. The first payment is due on or before the first of each month, beginning with July. The eleventh and final payment is due on May 1st. Accounts not paid by the 10th of the month are delinquent, and a 10% charge will be assessed on the delinquent account of each student.

A 5% discount is extended to all accounts paid in full by the first day of school.

A 2 1/2% discount is extended to all accounts when 1/2 of the yearly tuition is paid by the first day of school and the remainder is paid by the first day of the second semester.

**AGREEMENT**

I hereby make application for the admission of my son/daughter to grade \_\_\_\_\_ in West Covina Christian School.

I understand that application and registration fees are non-refundable and non-transferable.

I promise to pay my financial obligation to West Covina Christian School on the date due.

I agree to encourage obedience to the rules and regulations of the school. I will foster an attitude of respect and responsibility on the part of my child. I understand that West Covina Christian School does not tolerate profanity, pornography, obscenity in word or action, possession or use of drugs, alcohol, tobacco or weapons, dishonor to God or the Bible, and disobedience or disrespect to the school staff.

I agree to support the school in necessary disciplinary action. If my child does not comply with the academic and behavioral standards of the school, I agree that I will withdraw my child from the school or he/she will be expelled.

**BOTH SIGNATURES REQUIRED**

Father's Signature \_\_\_\_\_

Mother's Signature \_\_\_\_\_

**West Covina Christian School is a ministry of Bethany Church.  
The school has a non-discrimination policy. West Covina Christian School shall make no distinction in its admission or educational services on the grounds of race or ethnic origin.**

**FOR OFFICE USE ONLY:**

Date application received \_\_\_\_\_ Immunization Record \_\_\_\_\_ Legal Birth Certificate \_\_\_\_\_  
Report Card \_\_\_\_\_ Health Screen Form (1st only) \_\_\_\_\_  
Test Scores \_\_\_\_\_ Reference Form (4th-8th) \_\_\_\_\_

Application Fee Paid \_\_\_\_\_

Registration Fee Paid \_\_\_\_\_

Test Results: Reading \_\_\_\_\_ Math \_\_\_\_\_ Language \_\_\_\_\_ Comments \_\_\_\_\_

Interview Date \_\_\_\_\_ Pupil Accepted Yes No Grade Placement \_\_\_\_\_

Comments \_\_\_\_\_

Follow up need \_\_\_\_\_

Cum Requested \_\_\_\_\_ Withdrawal Date \_\_\_\_\_ Cum Sent \_\_\_\_\_