

Woodcrest Baptist Academy Application for Admissions

Thank you for applying to Woodcrest Baptist Academy.

Date _____

Family's last name _____ Home Phone _____

Address _____

Address City State Zip Code

Primary email address _____

School District in which you reside: # _____ Transportation: Car pool _____ Own car _____

Church you now attend: _____ How long _____

Name City

Father's Name _____

Last First Middle

Occupation _____ Cell Phone _____ Work Phone _____

Mother's Name _____

Last First Middle

Occupation _____ Cell Phone _____ Work Phone _____

Child's full legal name _____

Last First Middle

Applying for grade: _____ Name child goes by _____

Birth date _____ Age _____ Birthplace _____ Boy Girl

Please check all that apply for your child:

- | | | |
|--|---|--|
| <input type="checkbox"/> Lives with both parents | <input type="checkbox"/> Parents are divorced | <input type="checkbox"/> Mother deceased |
| <input type="checkbox"/> Lives with father | <input type="checkbox"/> Parents are separated | <input type="checkbox"/> Father deceased |
| <input type="checkbox"/> Lives with mother | <input type="checkbox"/> Lives with guardian(s) | <input type="checkbox"/> Other _____ |

Has your child been diagnosed: (Please check) ADD LD BD ADHD

Child's last school attended: _____

Name

Address _____

Address City State Zip Code

Child's full legal name _____

Last First Middle

Applying for grade: _____ Name child goes by _____

Birth date _____ Age _____ Birthplace _____ Boy Girl

Please check all that apply for your child:

- | | | |
|--|---|--|
| <input type="checkbox"/> Lives with both parents | <input type="checkbox"/> Parents are divorced | <input type="checkbox"/> Mother deceased |
| <input type="checkbox"/> Lives with father | <input type="checkbox"/> Parents are separated | <input type="checkbox"/> Father deceased |
| <input type="checkbox"/> Lives with mother | <input type="checkbox"/> Lives with guardian(s) | <input type="checkbox"/> Other _____ |

Has your child been diagnosed: (Please check) ADD LD BD ADHD

Child's last school attended: _____

Name

Address _____

Child's full legal name _____
Last First Middle

Applying for grade: _____ Name child goes by _____

Birth date _____ Age _____ Birthplace _____ Boy Girl

Please check all that apply for your child:

- | | | |
|--|---|--|
| <input type="checkbox"/> Lives with both parents | <input type="checkbox"/> Parents are divorced | <input type="checkbox"/> Mother deceased |
| <input type="checkbox"/> Lives with father | <input type="checkbox"/> Parents are separated | <input type="checkbox"/> Father deceased |
| <input type="checkbox"/> Lives with mother | <input type="checkbox"/> Lives with guardian(s) | <input type="checkbox"/> Other _____ |

Has your child been diagnosed: (Please check) ADD/ADHD LD BD

Child's last school attended: _____
Name

Address _____
Address City State Zip Code

Child's full legal name _____
Last First Middle

Applying for grade: _____ Name child goes by _____

Birth date _____ Age _____ Birthplace _____ Boy Girl

Please check all that apply for your child:

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|--|---|--|
| <input type="checkbox"/> Lives with both parents | <input type="checkbox"/> Parents are divorced | <input type="checkbox"/> Mother deceased |
| <input type="checkbox"/> Lives with father | <input type="checkbox"/> Parents are separated | <input type="checkbox"/> Father deceased |
| <input type="checkbox"/> Lives with mother | <input type="checkbox"/> Lives with guardian(s) | <input type="checkbox"/> Other _____ |

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| <input type="checkbox"/> Lives with mother | <input type="checkbox"/> Lives with guardian(s) | <input type="checkbox"/> Other _____ |

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