

Thank you for applying to Woodcrest Baptist Academy.			Date		
Family's last name		Home Phone			
Address					
Address Primary email address		City	State	Zip Code	
School District in which you reside:	#	Transportati	on: Car pool	Own car	
Church you now attend:	Nama	City		How long	
Eathar's Nama		•			
Father's Name	Last	Firs	st	Middle	
Occupation		Cell Phone	Work Pho	ne	
Mother's Name					
Last		First Cell Phone Work I		Middle	
Cooupation		OGIITHORE		(T Hone	
Child's full legal name					
	Last	Fire	st	Middle	
Applying for grade:		Name child goes by_			
Birth date Age		Birthplace		Boy 🗌 Girl	
Please check all that apply for your	child:				
☐ Lives with both parents☐ Lives with father		☐ Parents are divorced☐ Parents are separated	_	leceased eceased	
Lives with mother		☐ Lives with guardian(s)			
Has your child been diagnosed: (Pl	ease che	ck)	□ BD	□ ADHD	
Child's last school attended:					
		Name			
AddressAddress		City	State	Zip Code	
Child's full legal name	Last	Fir	 st	Middle	
Applying for grade:					
Birth date Age					
Please check all that apply for your					
Lives with both parents	ornia.	☐ Parents are divorced	☐ Mother of	leceased	
☐ Lives with father	☐ Parents are separated		☐ Father deceased		
☐ Lives with mother		☐ Lives with guardian(s)	☐ Other		
Has your child been diagnosed: (Pl	ease che	ck)	□ BD	☐ ADHD	
Child's last school attended:		Name			
		ivailic			

Child's full legal name				
	Last	1	First	Middle
Applying for grade:		Name child goes b	у	
Birth date	Age			
Please check all that apply for	or your child:			
☐ Lives with both parents	•	☐ Parents are divorced		ceased
Lives with father		☐ Parents are separated	☐ Father dec	
☐ Lives with mother		Lives with guardian(s)		
Has your child been diagnos	ed: (Please che	eck)] LD 🗌 BD	
Child's last school attended:		Name		
		Name		
AddressAddress		City	State	Zip Code
Address		o.i.y	Otato	Z.p ocus
Child's full legal name				
omia s ran legar name	Last	First		Middle
Applying for grade:		Name child goes b	у	
Birth date				
Please check all that apply for	or vour child:			
☐ Lives with both parents	,	☐ Parents are divorced	☐ Mother de	ceased
Lives with father		☐ Parents are separated	☐ Father dec	eased
☐ Lives with mother		☐ Lives with guardian(s)	☐ Other	
Has your child been diagnos	ed: (Please che	eck) 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 b	у	
Birth date	Age	Birthplace		Boy 🗌 Girl
Please check all that apply for	or your child:			
☐ Lives with both parents	-	☐ Parents are divorced	☐ Mother de	ceased
Lives with father		☐ Parents are separated	☐ Father dec	ceased
☐ Lives with mother		☐ Lives with guardian(s)	☐ Other	
Has your child been diagnos	ed: (Please che	eck) ADD/ADHD] LD 🗆 BD	
Child's last school attended:				
		Name		
Address				
Address		City	State	Zip Code