

Name \_\_\_\_\_ Grade \_\_\_\_\_

<b>REGISTRAR USE ONLY</b>

# STUDENT ADMISSIONS PACKET



## WARNER CHRISTIAN ACADEMY

A Ministry of White Chapel Church of God

1730 South Ridgewood Avenue • South Daytona, FL 32119-2298  
(386) 767-5451 • (386) 760-6834 Fax  
[www.wcaeagles.org](http://www.wcaeagles.org)

### MISSION STATEMENT:

The purpose of Warner Christian Academy is to be a school where Jesus is Lord and students are led to develop spiritually, academically, socially, physically, and in service to others.

# Welcome to WARNER CHRISTIAN ACADEMY!

## APPLICATION PROCESS FOR K5 THROUGH 12<sup>TH</sup> GRADE

We appreciate your interest in applying to Warner Christian Academy. We view ourselves as partners with you in providing a Christ-centered education which integrates faith and learning. To help us toward this end, we ask you to carefully and prayerfully complete this application. Please note that one application must be filled out for each child.

### STEP 1: APPLICATION

Turn in the following to the Admissions Office:

- \_\_\_\_\_ Completed Student Application
- \_\_\_\_\_ Application Fee (\$20.00) – Non-refundable
- \_\_\_\_\_ Copy of most recent report card
- \_\_\_\_\_ Copy of most recent standardized test scores
- \_\_\_\_\_ Disciplinary report (Grades 6-12 only)
- \_\_\_\_\_ Transcript for students in grades 9-12
- \_\_\_\_\_ Two Student Reference Forms (Grades 6-12 only)
- \_\_\_\_\_ Current psychological testing and IEP or 504 Plan for students with learning disabilities



Please note that the Admissions Office must receive this information before the family conference is scheduled. Double-check for signatures where applicable.

### STEP 2: REGISTRAR CONFERENCE

Upon receiving all of the above information, you will receive a call from our registrar who will give you all the financial information and speak with you regarding educational and/or needs based financial aid opportunities.

The purpose of this phone call is to make you aware of the tuition fees and payment options. It will also explain the financial aid that is available and how to apply for the aid.

### STEP 3: ADMISSIONS TESTING & INTERVIEW

After the application and other documents have been reviewed, the appropriate grade level administrator will call to schedule an appointment for the interview. At the interview, additional testing may be necessary. There is a separate fee for testing: \$30.00 for regular testing, \$50.00 for more extensive testing.

Acceptance is based on test scores, grades, personal interview results, and space available. Students are accepted into the regular school program on the assumption that they can perform at least average work. Those with academic deficits and/or learning disabilities will be referred to the Director of Special Services.

### STEP 4: ACCEPTANCE & ENROLLMENT

Upon acceptance to Warner Christian Academy, the following information must be completed and received by the Admissions Office within 30 days of your student's enrollment:

- \_\_\_\_\_ Immunization Record on HRS-680 form
- \_\_\_\_\_ Proof of physical on HRS-3040 form

**Upon acceptance to Warner Christian Academy all kindergarteners, new 1<sup>st</sup>-5<sup>th</sup> graders and all 6<sup>th</sup>-12<sup>th</sup> grade students must attend a MANDATORY Parent/Student Orientation Meeting.**



# STUDENT & FAMILY APPLICATION

## APPLICATION FOR ADMISSION

Today's Date: \_\_\_\_\_ Applying for the 20\_\_\_\_ - 20\_\_\_\_ School Year

Student's Name: \_\_\_\_\_

APPLYING FOR (CIRCLE GRADE): K5    1    2    3    4    5    6    7    8    9    10    11    12

## STUDENT INFORMATION

Student's Full Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Name Student Uses: \_\_\_\_\_ Student's Social Security # \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender :  M  F

Ethnicity (Optional; requested by accrediting association and government agencies)

White, Non-Hispanic     Black, Non-Hispanic     Native American, Native Alaskan     Biracial  
 Hispanic     Asian, Pacific Islander    Other \_\_\_\_\_

Student's Email: \_\_\_\_\_ Student's Cell Phone #: \_\_\_\_\_

Has this student ever attended Warner Christian Academy before?    Yes    No

If yes, when? \_\_\_\_\_

Name and address of school(s) student has attended:

CURRENT SCHOOL	CITY/STATE	ATTENDED: FROM	TO	GRADES
----------------	------------	----------------	----	--------

PREVIOUS SCHOOL	CITY/STATE	ATTENDED: FROM	TO	GRADES
-----------------	------------	----------------	----	--------

# FAMILY INFORMATION

Student's parents/guardians are:

Married and living together       Separated       Divorced       Other

If separated or divorced, who has legal custody? \_\_\_\_\_

Please explain if biological father or mother is not listed, including their name, location and current relationship to student: \_\_\_\_\_

If parent is to have no contact with child, please attached a copy of legal documentation.

## PARENT(S) WITH WHOM THE STUDENT LIVES

**Mother**     **Stepmother**    Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Email \_\_\_\_\_

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

Employer's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Work Email \_\_\_\_\_

Spouse's Name (if not Father): \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Father**     **Stepfather**    Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Email \_\_\_\_\_

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

Employer's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Work Email \_\_\_\_\_

Spouse's Name (if not Mother): \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

## OTHER HOME FOR STUDENT

**Father**     **Stepfather**     **Mother**     **Stepmother**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Email \_\_\_\_\_

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

Employer's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Work Email \_\_\_\_\_

Does your family have internet access from home?     Yes     No

Is this student adopted or you have been granted guardianship?     Yes     No    If yes, at what age? \_\_\_\_\_

Brothers (step) and/or sisters (step) of this student:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School Attending: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School Attending: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School Attending: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School Attending: \_\_\_\_\_

## EDUCATIONAL BACKGROUND INFORMATION

Has the student ever repeated or been held back in any grade?  Yes  No *If yes, which grade:* \_\_\_\_\_

Has the student ever been suspended, expelled, or asked to withdraw from another school?  Yes  No  
*If yes, give the name of the school and details:* \_\_\_\_\_  
\_\_\_\_\_

Has the student ever been tested for academic, behavior, emotional or attention difficulties by a school official, psychologist or other professional?  Yes  No

*If yes, please attach a copy of the evaluation report and/or diagnostic result and IEP to this application.*

Does the student take any daily medications?  Yes  No

*If yes, please list the medications:* \_\_\_\_\_

**Failure to disclose the above information will result in loss of this child's enrollment status.**

Why do you want your child to attend Warner Christian Academy? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you hope to gain from this partnership with Warner Christian Academy? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any special talents and/or interests of the student. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SPIRITUAL INFORMATION

**(To be completed by parent. Please use additional paper if needed.)**

Are you a born-again Christian who has placed your faith in Jesus Christ as Lord and Savior?

**Father:**  Yes  No

**Mother:**  Yes  No

**Student:**  Yes  No

Please share with us how you know this to be true: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you attend church?  Yes  No

*If yes, please provide the church name:* \_\_\_\_\_

*If yes, please provide the Pastor/Priest name:* \_\_\_\_\_

How regularly does your family attend church? \_\_\_\_\_

Please describe your child's participation with your church? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# STUDENT QUESTIONNAIRE

(6<sup>TH</sup> -12<sup>TH</sup> Grade)

**To be filled out by the student in his or her own handwriting.**

1. Why did you choose to apply at Warner? \_\_\_\_\_

2. Are you a Christian?  Yes  No If yes, tell how and when you became one. \_\_\_\_\_

3. Where do you attend church? \_\_\_\_\_ How often do you attend? \_\_\_\_\_

4. Do you attend Sunday School or Youth Group?  Yes  No If yes, how often? \_\_\_\_\_

5. When you get together with your friends, what do you like to do? \_\_\_\_\_

6. Do you like to read? Yes No How often do you read a book? \_\_\_\_\_

7. Name a book you recently read and tell why you chose it: \_\_\_\_\_

8. What are your 3 favorite TV shows? \_\_\_\_\_

9. What are your 3 favorite music CDs? \_\_\_\_\_

10. Do you have a job after school?  Yes  No On weekends?  Yes  No

11. List one or two areas that teachers have suggested that you need to improve upon? \_\_\_\_\_

12. Write a five to seven sentence paragraph answering one of the questions below.

- In what ways do you feel WCA might be different from the last school you attended?
- What does your family like to do for fun?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# INTERNATIONAL STUDENT ADMISSION

## Personal Background

Do you have any dietary restrictions?  Yes  No *If yes, please explain (e.g., vegetarian, food allergies, diabetic, etc.):* \_\_\_\_\_

Are you allergic to any animals?  Yes  No *If yes, which animal(s)?* \_\_\_\_\_

Are you allergic to any medications?  Yes  No *If yes, which medication(s)?* \_\_\_\_\_

Are you taking any medications?  Yes  No *If yes, which medication(s)? Reason for taking the medication(s):* \_\_\_\_\_

Do you smoke?  Yes  No *If yes, please explain:* \_\_\_\_\_

Do you drink alcohol?  Yes  No *If yes, please explain:* \_\_\_\_\_

Have you ever been involved with illegal drugs?  Yes  No *If yes, please explain:* \_\_\_\_\_

Have you ever been arrested or convicted of an offense?  Yes  No *If yes, please explain:* \_\_\_\_\_

## Activities and Interests

Check any activities you are interested (check no more than six). Please note: Athletic eligibility or participation is not guaranteed.

- |  |  |  |  |   |
|--|--|--|--|---|
| <input type="checkbox"/> American Football | <input type="checkbox"/> Community Work    | <input type="checkbox"/> Martial Arts    | <input type="checkbox"/> Sailing/Boating   | <input type="checkbox"/> Track and Field    |
| <input type="checkbox"/> Arts and Crafts   | <input type="checkbox"/> Computers         | <input type="checkbox"/> Movies          | <input type="checkbox"/> School Activities | <input type="checkbox"/> Travel             |
| <input type="checkbox"/> Backpacking       | <input type="checkbox"/> Cooking           | <input type="checkbox"/> Museums         | <input type="checkbox"/> Sewing            | <input type="checkbox"/> Visiting Relatives |
| <input type="checkbox"/> Baking            | <input type="checkbox"/> Drawing/Painting  | <input type="checkbox"/> Music           | <input type="checkbox"/> Shopping          | <input type="checkbox"/> Volleyball         |
| <input type="checkbox"/> Baseball          | <input type="checkbox"/> Family Activities | <input type="checkbox"/> Photography     | <input type="checkbox"/> Snow Sports       | <input type="checkbox"/> Walking            |
| <input type="checkbox"/> Basketball        | <input type="checkbox"/> Fishing           | <input type="checkbox"/> Picnics         | <input type="checkbox"/> Soccer            | <input type="checkbox"/> Watching TV        |
| <input type="checkbox"/> Biking            | <input type="checkbox"/> Golf              | <input type="checkbox"/> Raising Animals | <input type="checkbox"/> Swimming          | <input type="checkbox"/> Woodworking        |
| <input type="checkbox"/> Bowling           | <input type="checkbox"/> Hiking            | <input type="checkbox"/> Racquetball     | <input type="checkbox"/> Table Games       | <input type="checkbox"/> Wrestling          |
| <input type="checkbox"/> Camping           | <input type="checkbox"/> History           | <input type="checkbox"/> Reading         | <input type="checkbox"/> Tennis            | <input type="checkbox"/> Writing            |
| <input type="checkbox"/> Church Activities | <input type="checkbox"/> Ice Hockey        | <input type="checkbox"/> Riding Horses   | <input type="checkbox"/> Theatre           | <input type="checkbox"/> Other: _____       |

Please list any other specific interests, hobbies, or activities and any awards or commendations. \_\_\_\_\_

Do you play in a band or orchestra?  Yes  No *If yes, which instrument(s)?* \_\_\_\_\_

Do you participate in any competitive sports?  Yes  No *If yes, which sport(s)?* \_\_\_\_\_

What is your religious affiliation? \_\_\_\_\_

Do you attend church?  Yes  No *If yes, how many times do you attend per week?* \_\_\_\_\_

Are you active in any church groups?  Yes  No *Would you be willing to attend church with your host family?*  
 Yes  No

Do you have any pets?  Yes  No *If yes, what are they?* \_\_\_\_\_

Would you be willing to live with a host family that has pets living in the home?  Yes  No

List the household tasks for which you are responsible at home. \_\_\_\_\_

Would you be willing to contribute to the life of your host family by taking part in household tasks?  Yes  No

## Parents/Legal Guardians' Essays

**Parents'/Legal Guardians** - *In your own words, respond to the following essay questions. Keep in mind that these essays will help the school place your child in a host family, so please be as frank and honest as possible to ensure that the best placement possible is found for your child.*

Both parents must sign below the essay questions. (If the parents are divorced or separated, two responses to each question may be submitted.) **These essays must be written in English and signed by both questions.** (If the student's parents are unable to write in English, it is their responsibility to find someone to help them translate their thoughts into English.)

Describe your child's personality. (What are his or her interests, strengths, and weaknesses?)

Explain why you want your child to study abroad.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



## Student's Essays

**Student** - *In your own words, respond to the following essay questions, introducing yourself to your future host family and school. Keep in mind that this will be their first impression of you. Provide as much detail as possible. These essays must be written in English and signed by the student.*

Describe your family and home. (Introduce your family members. What are their names, ages, and occupations? What is your home like? Do you have your own room, or do you share your room with others? Where in your house do you study? How far is your home from your school? Do you drive, ride a bus or a bicycle, or walk to school?)

Describe what you specifically hope to accomplish as an international student, both during your time abroad and when you return home. (Do you have any specific hopes or expectations?)

Describe how you will share your culture with your host family and school. (How will your host family and school be enriched by your welcoming you as an exchange student?)

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Student's Photos

**Student** - Place a recent (within the past two years) color photo in each of the following spaces. Write brief captions that describe who is in the pictures and what they are doing.

**Specifications:** For hard-copy submission, affix recent photos in the boxes below. For e-mail submission, use adobe Reader or Adobe Acrobat Pro to attach photo files as well as comments.

### My Family

Photo that includes members of your immediate family

Caption:

### My Friends

Photo of your friends

Caption:

## Legal Documents

### Liability Release

*Please read carefully. Then sign and date below where indicated.*

In consideration of the acceptance and enrollment of the student in \_\_\_\_\_ (hereafter school). I/we, the undersigned parents/legal guardians of the student, and I, the student, if of legal age, to the full extent permitted by law, hereby release and agree to defend, hold harmless, and indemnify all host parents and members of their families and the school and its employees, agents, officers, and directors from any or all liability for any loss, property damage, personal injury, or death, including any such liability that may arise out of any negligent act or omissions, excepting intentional conduct, of any such persons or entities, which may be suffered or claimed by such student, parent, or legal guardian during, or as a result of, the student's enrollment in the school, including travel to and from the host country.

I/We understand that the student will be subject to the authorities and teachers of the school, and that he/she will have to follow the rules given by his/her host family. I/We also understand that the school reserves the right to terminate the enrollment of any student whose conduct may be considered detrimental or incompatible with the interests and security of the school and its international student program (ISP). I/We understand that if this occurs, any refund will be at the discretion of the school.

**Father's/Legal Guardian's Name** (please print) \_\_\_\_\_

**Signature** (mandatory if student is under age 18) \_\_\_\_\_ **Date** \_\_\_\_\_

**Mother's/Legal Guardian's Name** (please print) \_\_\_\_\_

**Signature** (mandatory if student is under age 18) \_\_\_\_\_ **Date** \_\_\_\_\_

**Student's Name** (please print) \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# PARENT/GUARDIAN ADMISSIONS CONTRACT

Our decision to enroll \_\_\_\_\_ as a student in Warner Christian Academy indicates that we agree with the philosophy, goals, and standards of the school and that we will support them accordingly.

We realize that Warner Christian Academy is an extension of our home and our church in providing the best possible spiritual, academic, and social preparation for our child. We understand all school policies and want our child to abide by them. In the interest of student morale, we are aware of the importance of defending and supporting the school's position in all matters along with those of his/her teachers. Even though at times we may not always agree, we will even at such times of disagreement, support the school and its policies in the presence of our children, while working privately with the school to correct areas of disagreement. We will cooperate with the school to the extent of our ability and support its aims, ideals, and programs in our communication with our child and others. A lack of parental cooperation and support in any of the above areas may result in the parent being asked to withdraw the student.

We understand that all K5-12<sup>th</sup> students are required to wear school uniforms and will comply with uniform and grooming requirements.

We agree to pay our financial/tuition obligations as will be outlined by the Registrar in our payment plan. We understand that financial/tuition assistance may be available for qualifying families, but that Warner Christian Academy does not offer any full scholarships. We understand that transcripts and student records cannot be forwarded if our tuition and fees are not paid by the due date.

## PARENT AGREEMENT

By signing below, we the parents or guardians of this student agree to the above and other policies of the school, along with the provisions regarding financial obligations. We agree that we have received, read, and understand, and will abide by the policies and agreements in the Warner Christian Academy Student Handbook.

Father/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# STUDENT'S COMMITMENT CONTRACT

I will sincerely attempt to maintain a cooperative spirit with my teachers, complete homework on time, be punctual to each class, and refrain from vulgar language, drugs, alcohol, and tobacco. The school can depend on me to be a lady or gentleman, and to possess a consistent, positive attitude of loyalty and cooperation with its policies. It is my genuine desire to be a member of the Warner student body. I pledge to justify my parent's investment in my education by maintaining an acceptable academic average in relation to my ability. I understand that failure to follow through with this Code of Conduct may result in my being asked to leave Warner Christian Academy.

## STUDENT AGREEMENT

By signing below, I affirm that I have received, read, and understand, and will abide by the policies and agreements in the Warner Christian Academy Student Handbook.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SCHOOL USE ONLY

### ADMISSIONS

- Interview
- Testing Done \$ \_\_\_\_\_
- Admitted

### PLACEMENT

- Virtual Center
- Discovery
- Probation
- Academic  Behavioral

### BOOKEEPING

- Application Fee
- Testing Fee
- Registration Fee
- W.W. Mailing List
- Enrollment Date: \_\_\_\_\_



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WCA will admit students of any gender, race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. We will not discriminate on the basis of gender, race, color, national and ethnic origin in the administration of our educational and admission policies nor in our scholarship, athletic, and other programs. Inquiries regarding compliance with nondiscrimination policies may be directed to Mark W. Tress, Superintendent, 1730 S. Ridgewood Ave., South Daytona, FL 32119, PH: 386-767-5451, or to the Assistant Secretary for Civil Rights, U.S. Department of Education, 330 C St. SW, Washington, DC 20202.



# Student Reference Form

Entering Grades 6-12

Please provide a copy of this form to your child's teacher, tutor, or school counselor.

Name of Student \_\_\_\_\_ Grade student is applying \_\_\_\_\_  
(Please Print)

The above student is a candidate for admission to Warner Christian Academy, a non-denominational, Christian school sponsored by White Chapel Church of God. We would appreciate your observations about the areas listed below. If you wish to discuss the student personally rather than complete the form, please check here ( ), sign the form, and note your telephone number. The school principal will contact you.

	Above Average	Average	Below Average	Poor
<b>Character</b>				
Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Peer Relations</b>				
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sharing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Work Habits</b>				
Completes tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contributes to class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works neatly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Academic Ability</b>				
	Yes	No		
Performs at grade level	<input type="checkbox"/>	<input type="checkbox"/>		
Easily discouraged	<input type="checkbox"/>	<input type="checkbox"/>		
Completes work on time	<input type="checkbox"/>	<input type="checkbox"/>		
Having academic difficulties	<input type="checkbox"/>	<input type="checkbox"/>		
Works hard at completing tasks	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Behavior</b>				
	Yes	No		
Rarely requires reprimand	<input type="checkbox"/>	<input type="checkbox"/>		
Often disturbs the class	<input type="checkbox"/>	<input type="checkbox"/>		
Constant discipline problem	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Social Ability</b>				
	Yes	No		
In center of social group	<input type="checkbox"/>	<input type="checkbox"/>		
Well accepted by group	<input type="checkbox"/>	<input type="checkbox"/>		
Responds socially on occasion	<input type="checkbox"/>	<input type="checkbox"/>		
Not a social participant	<input type="checkbox"/>	<input type="checkbox"/>		

**ALL QUESTIONS MUST BE COMPLETED IN ORDER FOR THE STUDENT'S APPLICATION TO BE PROCESSED.**

1. Does the student have any significant limitations (physical, emotional, social)?  Yes  No  
*If yes, please describe:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Has the student ever been tested or received special help for reading or a learning difficulty?  Yes  No  
*If yes, please describe:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Has the student ever been diagnosed for or enrolled in any special education program or special school placement? (Gifted, L.D., ADD, etc.)  Yes  No  
*If yes, please describe:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Has the student ever been referred for or received professional psychological counseling?  Yes  No  
*If yes, please describe:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Is the student in good standing and eligible to return to his or her current school for the next grade level?  
 Yes  No
6. Has the student had discipline or attendance (tardiness) problems that required intervention?  
 Yes  No *If yes, please describe:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. How would you rate the parent's communication with the school?  
 Often  Only when there is a concern  Never had any communication with them  
*Comments:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. How long and in what circumstances have you known the applicant? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OFFICIAL COMPLETING FORM:**

Printed Name: \_\_\_\_\_ School: \_\_\_\_\_  
Title: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

After completion, the official should mail or fax this form to:

**Warner Christian Academy**  
**Attention: Admissions**  
**1730 South Ridgewood Avenue**  
**South Daytona, FL 32119**  
**Phone: 386-767-5451 Fax: 386-760-6834**



# Student Reference Form

Entering Grades 6-12

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(Please Print)

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	Above Average	Average	Below Average	Poor
<b>Character</b>				
Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Peer Relations</b>				
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sharing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Work Habits</b>				
Completes tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contributes to class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works neatly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Academic Ability</b>	<b>Yes</b>	<b>No</b>		
Performs at grade level	<input type="checkbox"/>	<input type="checkbox"/>		
Easily discouraged	<input type="checkbox"/>	<input type="checkbox"/>		
Completes work on time	<input type="checkbox"/>	<input type="checkbox"/>		
Having academic difficulties	<input type="checkbox"/>	<input type="checkbox"/>		
Works hard at completing tasks	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Behavior</b>	<b>Yes</b>	<b>No</b>		
Rarely requires reprimand	<input type="checkbox"/>	<input type="checkbox"/>		
Often disturbs the class	<input type="checkbox"/>	<input type="checkbox"/>		
Constant discipline problem	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Social Ability</b>	<b>Yes</b>	<b>No</b>		
In center of social group	<input type="checkbox"/>	<input type="checkbox"/>		
Well accepted by group	<input type="checkbox"/>	<input type="checkbox"/>		
Responds socially on occasion	<input type="checkbox"/>	<input type="checkbox"/>		
Not a social participant	<input type="checkbox"/>	<input type="checkbox"/>		



**ALL QUESTIONS MUST BE COMPLETED IN ORDER FOR THE STUDENT'S APPLICATION TO BE PROCESSED.**

1. Does the student have any significant limitations (physical, emotional, social)?  Yes  No  
*If yes, please describe:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Has the student ever been tested or received special help for reading or a learning difficulty?  Yes  No  
*If yes, please describe:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Has the student ever been diagnosed for or enrolled in any special education program or special school placement? (Gifted, L.D., ADD, etc.)  Yes  No  
*If yes, please describe:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Has the student ever been referred for or received professional psychological counseling?  Yes  No  
*If yes, please describe:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Is the student in good standing and eligible to return to his or her current school for the next grade level?  
 Yes  No
6. Has the student had discipline or attendance (tardiness) problems that required intervention?  
 Yes  No *If yes, please describe:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. How would you rate the parent's communication with the school?  
 Often  Only when there is a concern  Never had any communication with them  
*Comments:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. How long and in what circumstances have you known the applicant? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OFFICIAL COMPLETING FORM:**

Printed Name: \_\_\_\_\_ School: \_\_\_\_\_  
Title: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

After completion, the official should mail or fax this form to:

**Warner Christian Academy**  
**Attention: Admissions**  
**1730 South Ridgewood Avenue**  
**South Daytona, FL 32119**  
**Phone: 386-767-5451 Fax: 386-760-6834**