

Name _____ Grade _____

REGISTRAR USE ONLY

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

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 12TH 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 1st-5th graders and all 6th-12th 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
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PREVIOUS SCHOOL	CITY/STATE	ATTENDED: FROM	TO	GRADES
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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

(6TH -12TH 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?

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 K5-12th 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
Character				
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"/>
Peer Relations				
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"/>
Work Habits				
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"/>
Academic Ability				
	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"/>		
Behavior				
	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"/>		
Social Ability				
	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



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