

# WILTON CHRISTIAN SCHOOL

9697 Dillard Road • Wilton, CA 95693  
Phone (916) 687-7693

## STUDENT APPLICATION

### STUDENT INFORMATION

Full Name \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ Home Phone \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Age \_\_\_\_\_ Gender \_\_\_\_\_

School last / presently attending \_\_\_\_\_

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

Grade \_\_\_\_\_

### FAMILY INFORMATION

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

Employer \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_ Phone \_\_\_\_\_

If self-employed, kind of business \_\_\_\_\_

Email Address \_\_\_\_\_

Mother \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_ Phone \_\_\_\_\_

If self-employed, kind of business \_\_\_\_\_

Email Address \_\_\_\_\_

Marital Status:  Married  Separated  Divorced  Widowed

Stepparent living in home \_\_\_\_\_

Ages of other children living in the home \_\_\_\_\_

### OFFICE USE ONLY

- Application Fee Paid  
Date \_\_\_\_\_
- Pastor Reference Form Submitted
- Interview with Administrator  
Date \_\_\_\_\_
- Enrollment Approved \_\_\_\_\_
- Registration Paid
- Records Requested  
Date Submitted \_\_\_\_\_
- Paperwork Completed
- Parent Orientation

### SCHOLASTIC INFORMATION

Level of student's previous academic work:

- Outstanding  Above average
- Average  Below average

Has any of the following been true of this child? (check all applicable boxes)

- Diagnosed with a learning disability
- Been held back a year
- Suspended, dismissed, or expelled
- Refused admission to another school
- Arrested or detained by law enforcement
- Used tobacco, alcohol, or other drugs

*Explain all checked items on the back.*

### RELIGIOUS INFORMATION

Church Attending \_\_\_\_\_

Address \_\_\_\_\_

Pastor \_\_\_\_\_

Phone \_\_\_\_\_

Are parents members? \_\_\_\_\_

Frequency of Attendance

- More than weekly  Weekly
- 2-3 times per month  Monthly
- Less frequently

Is applicant a born-again Christian?

\_\_\_\_\_ How long? \_\_\_\_\_

Father? \_\_\_\_\_ How long? \_\_\_\_\_

Mother? \_\_\_\_\_ How long? \_\_\_\_\_

## MEDICAL INFORMATION

Child's Physician \_\_\_\_\_ Ph \_\_\_\_\_

Physical defects, chronic illnesses, allergies, etc. \_\_\_\_\_

Regular medication \_\_\_\_\_

For what condition/illness \_\_\_\_\_

*How did you hear about Wilton  
Christian School?*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Why did you select Wilton  
Christian School?*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that if my child is accepted for enrollment in Wilton Christian School the following is expected of my child and me:

- Compliance with all policies and procedures.
- A conscientious effort to maintain high academic standards.
- The practice of high moral standards as taught in the Bible.
- Regular church attendance.
- Timely payment of tuition and fees.
- Support for the administration and faculty on disciplinary matters.
- Attendance at parent orientation, parent-teacher conferences, and parent-teacher fellowship meetings.

I certify that the statements on this application are true to the best of my knowledge.

\_\_\_\_\_  
FATHER'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
MOTHER'S SIGNATURE

\_\_\_\_\_  
DATE

**OFFICE USE ONLY**

PARENT EXPLANATIONS AND COMMENTS