



WESTMINSTER

CHRISTIAN ACADEMY

9333 West 159th Street - Overland Park, KS 66221

PHONE: 913/681-7622 FAX: 913/851-8056

APPLICATION FOR ADMISSION

All information must be complete for application to be considered.

Date of Application: _____

FAMILY INFORMATION

Student Name: _____

Social Security No.: _____ Grade student will be attending: _____

Date of Birth: _____ Place of Birth: _____ Current Age: _____ Sex: _____

Natural Father: _____ Cell Phone: (____) _____

Home Address: _____

Home Telephone: (____) _____ street _____ city _____ state _____ zip _____

Employer: _____ Position/Title: _____

Employer Address: _____

Natural Mother: _____ Cell Phone: (____) _____ street _____ city _____ state _____ zip _____

Home Address: _____

Home Telephone: (____) _____ Work Telephone: (____) _____ street _____ city _____ state _____ zip _____

Employer: _____ Position/Title: _____

Employer Address: _____

Other children in family: _____ street _____ city _____ state _____ zip _____

Name: _____ Age/Grade: _____ School: _____

Name: _____ Age/Grade: _____ School: _____

Name: _____ Age/Grade: _____ School: _____

Natural parents are: _____ Married _____ separated _____ legally divorced

_____ natural mother deceased _____ natural father deceased

If natural parents are divorced/separated, who has legal custody of child? _____

(please turn to complete)

FAMILY INFORMATION (continued)

Is either parent forbidden by court order from having access to child or school records? _____
(If yes, written documentation will be required before enrollment)

If student does not live with natural father and mother:

Student lives with: _____ natural mother only _____ natural mother and stepfather
_____ guardian _____ natural father only _____ natural father and stepmother

Guardian's/Stepparent's name: _____

Employer: _____ Position/Title: _____

Employer Address: _____
street city state zip

Grandparents: _____

Home Address: _____
street city state zip

Home Telephone: (____) _____ Work Telephone: (____) _____

Grandparents: _____

Home Address: _____

Home Telephone: (____) _____ Work Telephone: (____) _____

Has any of the student's guardians/parents or anyone else living in the student's home been convicted of a felony? If so, please identify the person(s):

SCHOOL INFORMATION

Please list and detail your child's previous school experience (including previous school):

<i>School</i>	<i>Address</i>	<i>Grades/Years Attended</i>
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HEALTH INFORMATION

Applicant's physician: _____ Telephone: (____) _____

Is there any medical reason applicant cannot participate in the physical program here? If yes, please explain:

If you have further information which may assist in the education of your child at Westminster Christian Academy, such as pertinent medical or other data of which the school should be aware, please indicate below.

Proof of immunization and a recent physical must be provided prior to enrollment.



WESTMINSTER CHRISTIAN ACADEMY PARENT CONTRACT

As parent or legal guardian of the applicant student(s), my signature below indicates that I have read, understand, and agree with the Parent Contract in making application for my child to attend Westminster Christian Academy.

- I agree to support the standards of the school in every area of its philosophy and policies, including academic, behavioral, spiritual, moral, disciplinary and dress code policies.
- I agree to assume the responsibility for my child's education by supervising homework, being an encourager, and keeping in regular contact with my child's teachers.
- I agree to support the school to the best of my ability through attendance and participation in the various school activities.
- I agree to support—to the best of my ability--the school's entire program through prayer, time and financial gifts.
- Further, in the event my child becomes ill or is injured while under school supervision, I hereby give my approval for the school authorities to take the following steps:
 1. Contact a parent of the child and follow his instructions.
 2. Contact the child's physician and follow his instructions, in the event neither parent can be reached.
 3. Use their own discretion in contacting a properly licensed physician and follow his instructions if the child's physician cannot be reached.

If, in the opinion of a properly licensed and practicing physician, my child needs medical or surgical services which require my consent before being supplied, and I cannot be reached, I hereby authorize, appoint and empower the Principal, or his/her designee, to furnish on my behalf such written or oral authorization as may be so required. Further, I release the Principal, or his/her designee, Westminster Christian Academy and Redeemer Presbyterian Church from any liability which might arise from the giving of such authorization, it being my desire that my child be furnished with such medical or surgical services as soon as reasonably possible after the need arises.

- I understand that this application cannot be considered without the non-refundable application fee and that, if my child is enrolled, I agree to the payment policies as listed in the school's fee schedule.
- I understand that, if I voluntarily withdraw my child or my child is dismissed from the school once classes have begun, I am responsible to pay the full tuition (unless otherwise decided by the Board) for the academic year. Records will not be forwarded to another school until all financial obligations have been satisfied.
- Westminster Christian Academy reserves the right to refuse any application, or dismiss any child at any time, for unacceptable work or conduct, or any other reason deemed necessary. Neither this application nor payment of fees is considered to be binding upon Westminster Christian Academy.
- If legal action is required to collect tuition, the undersigned will be responsible to pay reasonable attorney fees.

Student's Name: _____

Signed: _____ Date: _____
Father's signature

Signed: _____ Date: _____
Mother's signature

BOTH PARENTS MUST SIGN THIS CONTRACT

Westminster Christian Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities made available to students of the school. It does not discriminate on the basis of race, color, national or ethnic origin in the administration of its education policies, admissions policies, scholarships, athletics or any other school-administered programs.

SPIRITUAL INFORMATION

Have you placed your faith in Jesus Christ for eternal life and are you personally in agreement with and committed to the basic tenets of historic, orthodox Christianity as listed below: *(please initial to affirm)*

1. God is a Triune God—Father, Son and Holy Spirit.
2. The Bible is God's infallible and authoritative Word to man. It is the only standard by which faith and practice are to be measured.
3. The chief end of man is to glorify God and enjoy Him forever.
4. Man is created in the image of God. Through his relationship to Adam, man is a sinner by nature and does himself practice sin. He is thus alienated from God, his neighbor, and the world. All have sinned and fall short.
5. Jesus Christ is the only Savior of sinners, the only way to the Father. He died as a substitute for sinners and was raised from the dead so that they might be reconciled to God.
6. Eternal life is a free gift that is received through faith in Jesus alone. Eternal life is neither deserved by anyone, nor can it be earned by good deeds.

Father _____ Mother _____

Are you committed, as a responsible Christian parent, to teaching the historic doctrines of the Church at home?

Father _____ Mother _____

Do you desire a Biblical, Christ-centered education for your child?

Father _____ Mother _____

Will you commit your personal support to the school in the educational process?

Father _____ Mother _____

Do you desire for your child to receive training in these doctrines at school and will you support the school in its endeavors to encourage and to guide your student in applying these doctrines to life?

Father _____ Mother _____

We require church membership and regular attendance at a local body of believers by parents, as well as regular church attendance by the student. Are you committed to this ongoing practice in your family?

Father _____ Mother _____

Current church membership at: _____

Denomination: _____

Senior Pastor: _____

Address: _____

Telephone: (_____) _____

Parents' worship service attendance: _____ weekly _____ frequently _____ occasionally

Student's worship service* attendance: _____ weekly _____ frequently _____ occasionally

**or Sunday school, children's church or other age-appropriate participation*

If attendance is not weekly, why? _____

(please turn to complete)

PARENTAL STATEMENT OF FAITH

The training and schooling of children is essentially spiritual in nature, whether it be mathematics, science, literature or any other academic endeavor. In order for the Westminster Christian Academy to serve as an extension of your home, it is important that the home and school share common spiritual beliefs and goals. To assist us in discerning how we can best serve in this way, please tell us your beliefs by responding to the following questions.

If you were to stand before God today and He asked you, "Why should I allow you into my heaven?", what would you say?

Signed: _____

STATEMENT OF CHRISTIAN EDUCATION

Please describe what you believe Christian schooling should be, and how you envision Westminster Christian Academy assisting you in providing Christian schooling for your child.

Signed: _____

***Please submit the completed application to the school office:
Westminster Christian Academy, 9333 West 159th Street, Overland Park, Kansas 66221-9524.***



Westminster Christian Academy Church Reference

Have your pastor complete this form and return it to:
Westminster Christian Academy, 9333 West 159th St., Overland Park, KS 66221 Attn: Admissions

Student Name: _____ Grade: _____

Parent Names: _____

This student is seeking admission to Westminster Christian Academy, a Presbyterian (PCA) parochial school. The school exists to provide a Christ-centered education in a nurturing environment. The inherent features of a Christian school require that all students be of good character and able to live agreeably with their peers. It is also essential that the environment and training provided by the school be an extension of and receive complete support from the student's family. We would appreciate your observations about the areas listed below. Please use a question mark where you have insufficient evidence on which to make a judgment. This information will be regarded as confidential and will be used only for the purpose of making an admissions decision.

PARENTAL CHRISTIAN COMMITMENT

- _____ exemplary
- _____ clearly evident
- _____ commitment weak or unclear
- _____ no evidence of commitment

PARENTAL CONTROL

- _____ firm, consistent control
- _____ adequate control
- _____ control lacking at times
- _____ lacking control

PARENTAL CHURCH RELATIONSHIP

- _____ active members in good standing
- _____ not members but supportive
- _____ nominal members/attenders
- _____ inactive/non-supportive

CHILD'S RESPONSE TO PARENTS

- _____ exceptionally obedient and honoring
- _____ good obedience evidenced
- _____ acceptable
- _____ poor

PARENTAL CHURCH ATTENDANCE

- _____ faithful and regular
- _____ occasional
- _____ irregular
- _____ rare

PARENT/CHILD RELATIONSHIP

- _____ exceptionally open, warm, loving
- _____ usually open, warm, loving
- _____ frequently strained
- _____ poor

*STUDENT CHURCH ATTENDANCE

- _____ faithful and regular
- _____ occasional
- _____ irregular
- _____ rare

FAMILY COHESIVENESS

- _____ strong, warm, loving ties
- _____ fairly cohesive
- _____ needs strengthening
- _____ very weak

Name: _____ (please print)

Position: _____ Church: _____

Phone: (____) _____ Address: _____

My recommendation regarding this family is: _____

Are there any extenuating circumstances of which we should be aware? (If so, please explain): _____

*Is applicant involved in a youth program? _____

*for grades 7-12 only.

Signed: _____ Date: _____



Westminster Christian Academy School Reference

This form is to be completed by a teacher or principal from your child's most recently attended school and returned by him/her to: Westminster Christian Academy, 9333 West 159th St., Overland Park, KS 66221-9524 Attn: Admissions.

Student Name: _____ Grade: _____

Parent Names: _____

Parents' Signatures: _____ / _____

EMOTIONAL BEHAVIOR

	A	S	N
Adjusts to new situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows age-appropriate maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows respect for adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SOCIAL READINESS

Respects property of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Enters into play with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carries out responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interacts appropriately with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Is able to share	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds to discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PHYSICAL DEVELOPMENT*

*Small muscle control (cutting/coloring)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Large muscle control (running/throwing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*for Kindergarten/ist grade only

WORK HABITS

	A	S	N
Follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Begins class assignments promptly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completes tasks in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works carefully and neatly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attends to class instructions and direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepares for class discussions and tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completes assigned homework on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A - Above Average special effort and achievement
 S - Satisfactory progress consistent with ability
 N - Needs Improvement or more effort if progress is to be consistent with ability or age

Comments: _____

I recommend this applicant for academic promise:
 ___ enthusiastically ___ strongly ___ fairly strongly ___ without enthusiasm ___ not recommended

I recommend this applicant for character and personal promise:
 ___ enthusiastically ___ strongly ___ fairly strongly ___ without enthusiasm ___ not recommended

Signature: _____ Date: _____

Name: _____ Title: _____
 (please print)

School: _____ Phone: (____) _____

Address: _____
 street city state zip



PARENTAL SUMMARY of STUDENT HEALTH

Student Name: _____

HEALTH CONDITIONS: (check those that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Frequent Headaches | <input type="checkbox"/> Kidney Disease |
| <input type="checkbox"/> Attention Deficit Disorder | <input type="checkbox"/> Frequent Stomach Aches | <input type="checkbox"/> Menstrual Cramps |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart/Blood Disease | <input type="checkbox"/> Special Dietary Regimen |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Surgeries |
| <input type="checkbox"/> Ear Infections (chronic) | <input type="checkbox"/> Bone Disease/Fractures | <input type="checkbox"/> Contact Lenses/Glasses |
| <input type="checkbox"/> Throat Infections (chronic) | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Other (specify below) |
| <input type="checkbox"/> Emotional Disturbances | | |

Please explain any items checked above and include information useful to the teacher in relation to student's condition:

ALLERGIES: (check those that apply)

- | | | |
|----------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Animals | <input type="checkbox"/> Insects | <input type="checkbox"/> Hay Fever |
| <input type="checkbox"/> Foods | <input type="checkbox"/> Environment | <input type="checkbox"/> Medicine/Drugs |
| <i>Please list:</i> _____ | | <input type="checkbox"/> Other |

Describe specific allergens (which foods, types of animal, etc.) and symptoms exhibited:

Is your child restricted from participating in any school physical education activity? If so, which and why?

School last attended: _____

School attendance last year: Excellent Good Fair Poor

Are there any other health factors the school should know about?

I know of no health reason(s), other than the information indicated on this form, that would prevent my child from participating in any school activity. I authorize school personnel to obtain emergency medical care for my child in the event I cannot be reached. If transportation by ambulance is required, this may be obtained on my child's behalf.

Parent Signature: _____ Date: _____

Physician: _____ Phone: (_____) _____

Address: _____
street city state zip

Dentist: _____ Phone: (_____) _____

Address: _____
street city state zip

Preferred Hospital: _____



PHYSICIAN'S STUDENT HEALTH ASSESSMENT
Confidential

Statement of Consent:

In order to better serve the health needs of my child, I hereby give my permission for the transfer of health screening records to Westminster Christian Academy and other appropriate health professionals.

Signed: _____ Date: _____

Address: _____
street city state zip

Father/Guardian: _____ Work Phone: (____) Home Phone: (____)

Name: _____ Birthday: _____ Male/Female: _____

Mother/Guardian: _____ Work Phone: (____) Home Phone: (____)

Child lives with: _____ Type of family housing: _____

Physician: _____ Date of last examination: _____

Dentist: _____ Date of last examination: _____

School: _____ Community Services: _____

FAMILY HEALTH HISTORY

- 1. Are there any chronic illnesses in student's family?
(heart disease, diabetes, cancer, convulsions, mental illness, substance abuse, etc.)
2. Are there any vision defects, hearing losses or spinal deformities in student's family?

Table with 2 columns: Code, Comment. Includes response codes: M-maternal P-paternal S-sibling N/A-not applicable

CHILD/ADOLESCENT HISTORY

- 1. Birth weight: _____
2. Any pre-natal or delivery problems?
3. Did child walk/talk/develop at usual time?
4. Does this child/adolescent:
a. see a health care provider regularly?
b. take any medication?
c. have a history of any hospitalizations, surgeries or emergency room visits?
d. have a history of any childhood disease?
e. have a history of other communicable diseases?
f. have a history of menstrual problems? Age of menarche: _____
g. have a history of vision, speech, hearing or communication problems?
h. have a problem with being tired or overactive?
i. have any emotional or behavioral problems?
j. need any special help in school or daycare?
k. have any chronic illness or disabling problems with: (circle those that apply)
headache convulsions diabetes earaches heart/lung colds
rheumatic fever genitalia oral/dental extremities back/spine
allergies/asthma digestive urinary/bowel other

Table with 2 columns: Code, Comment. Includes response codes: Y-Yes N-No N/A-Not applicable

Please explain:

List any present concerns:

PHYSICAL EXAMINATION (to be completed by health care provider approved to perform health assessments)

Height _____ Weight _____ Pulse _____ Blood Pressure _____
 Lead _____ Urinalysis _____ Sickle Cell _____ Tuberculosis _____
 Head Circumference _____ Other _____

	Code	Comment
General Appearance	_____	_____
Integument	_____	_____
Head/Neck	_____	_____
EENT	_____	_____
Oral/Dental	_____	_____
Thorax	_____	_____
Breasts	_____	_____
Cardiovascular	_____	_____
Abdomen	_____	_____
Muscular/skeletal	_____	_____
Genito-urinary	_____	_____
Neurological	_____	_____

Code: o - no significant findings X - significant findings

SCREENING

1. Nutritional Evaluation (all ages, each screen)

Food Intake Review results:

milk/milk products: _____

fruit/vegetables: _____

meat/beans/eggs: _____

bread/cereals: _____

2. Development: type of screen: _____ Results: _____

3. Speech: type of screen: _____ Results: _____

2. Hearing: type of screen: _____ Results: _____

2. Vision: type of screen: _____ Results: _____

Anticipatory Guidance: (circle those discussed)

Safety/poisons Behavior Dental Discipline Nutrition Hygiene Development Immunizations Parenting Other: _____

Comments:

Significant Assessment Findings:

Recommendations: (include referrals)

Follow Up:

IMMUNIZATION: (record date of each dose received: mm/dd/yy)

RECOMMENDED VACCINE					
VACCINE	1 st	2 nd	3 rd	4 th	5 th
DTP, DtaP and/or DT/Td Required for school entry.					
OPV or IPV (Polio) Required for school entry.					
MMR (Measles, Rubella and Mumps combined) Required for school entry.					

NOT REQUIRED BUT RECOMMENDED VACCINE			
VACCINE	1 st	2 nd	3 rd
HEP B (Hepatitis B Vaccine) Recommended for all children.			
HEP A (Hepatitis A Vaccine) Not required for school entry.			
HIB (Haemophilus Type B) Recommended for children 2- 59 months.			
Varicella (Chicken Pox) Recommended for children older than 12 months.			

Signature: _____ Date: _____

Licensed Physician or Nurse approved to perform health assessments

ADDITIONAL MATERIAL MAY BE ATTACHED



WESTMINSTER CHRISTIAN ACADEMY EMERGENCY NUMBER & RELEASE FORM

DATE: _____

LAST NAME _____ HOME PH: _____

E-MAIL: _____

Child's Name: _____ Grade: _____

_____ Grade: _____

_____ Grade: _____

Please list phone numbers in the sequence we should call.

MOTHER

Name: _____

Phones: Number _____ Type (work/home/cell/pager) _____

Workplace: _____ Location: _____
(company name) (major cross streets nearby)

FATHER

Name: _____

Phones: Number _____ Type (work/home/cell/pager) _____

Workplace: _____ Location: _____
(company name) (major cross streets nearby)

(Over)

**In case of emergency and parent/guardian cannot be reached,
contact (*in this order*):**

1. Name: _____ Day phone: _____

Relationship to child: _____ Secondary phone: _____

2. Name: _____ Day phone: _____

Relationship to child _____ Secondary phone: _____

3. Name: _____ Day phone: _____

Relationship to child _____ Secondary phone: _____

If I am unable to pick up my child, he/she may be released to:

1. Name: _____

Phone: _____

Relationship to child: _____

2. Name: _____

Phone: _____

Relationship to child: _____

3. Name: _____

Phone: _____

Relationship to child: _____

**IF ANY OF THIS INFORMATION CHANGES DURING THE YEAR,
PLEASE CONTACT THE SCHOOL OFFICE.
WE CANNOT RELEASE YOUR CHILD WITHOUT
ADVANCED WRITTEN AUTHORIZATION FROM A PARENT!!!!**