



The Washington New Church School

11914 Chantilly Lane, Mitchellville, MD 20721

301-464-5602, Fax: 301-805-8835

www.wncschool.org

Application for Admission

Student Name: _____ DOB: _____

Applying to enter Grade: _____ School Year: _____

Application Fee: \$100 (please make your check payable to Washington Church of the New Jerusalem - WCNJ) and attach it to your application.

Applicant Information

Student's Legal Name: Last, First, Middle		Birth date ____/____/____ Month/Day/Year (Include a copy of Birth Certificate with application)
Preferred Name:	Sex: <input type="radio"/> M <input type="radio"/> F	U.S. Citizenship <input type="radio"/> Yes <input type="radio"/> No

Student's Home Address:

Street: _____ City: _____ State: _____ Zip: _____

Student Resides with (check all that apply): <input type="checkbox"/> Biological Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Adoptive <input type="checkbox"/> Shared custody <input type="checkbox"/> Biological Parent & Step Parent <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Guardian(s) → <i>For separate families please answer the questions on the back of this application</i>	Cell Phone: Home Phone:
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Parent/Guardian Information

Parent 1

(Dr./Mr./Mrs./Ms) _____ Preferred Name: _____

Home Address: Street: _____

_____ City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____ Business phone: _____

Occupation:

Employer: _____ Location: _____ **Email:** _____

Preferred method of communication: Phone? Email? Text? _____

Parent 2

(Dr./Mr./Mrs./Ms) _____ Preferred Name: _____

Home Address: Street: _____

_____ City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____ Business phone: _____

Occupation:

Employer: _____ Location: _____ **Email:** _____

Preferred method of communication: Phone? Email? Text? _____

Schools Previously Attended (Most Recent First)(Please list any additional schools on the back.)

School: _____ City/State: _____ Dates: _____

School: _____ City/State: _____ Dates: _____

Other Useful Information:

Religious Affiliation (If any)

Does your child have a health condition which requires medical treatment or supervision during the school day?

If so, please describe: _____

List any medications that your child takes regularly(including ones taken at home): _____

Has your child been evaluated or diagnosed by a physician or other professional regarding any of the following: Speech Impediment Physical Limitation Other
 Learning Challenge Psychological Problem

If yes, please describe briefly (include physician's name and date): _____

Please submit a copy of any evaluation with this application. _____

Is there anything else you would like us to know about your child? _____

Are you interested in after care for your child? _____Yes _____No

BILLING: Invoices are sent by email unless you request otherwise.

Check here to request billing documents to be sent through the regular mail

Please Note: All applications are due to the secretary before April 30, 2017. Jr. Kindergarten, Kindergarten applications are due by August 1, 2017.

Your official application process begins with the submission of this document and with the \$100 non-refundable application fee payable to: The Washington Church of the New Jerusalem "WCNJ"

We look forward to getting to know you and working with you through the application process. We believe parents and teachers are all in a partnership with the Lord for a child's education.

Separate Families information:

Please provide the names of anyone who shares custody of the child:

(NAME:): _____ (Relationship to the child:): _____

(If not already listed on page 2) (Address:): _____

(Home phone:): _____ (Cell:): _____ (Email:): _____

Does child's address change throughout the school year? Yes No

For Office Use Only	
Application received by:	Date:
Application fee received by: (cash/ck?)	Date:
Response letter sent:	Date:
Additional documents attached? (list)	