



## The Washington New Church School

11914 Chantilly Lane, Mitchellville, MD 20721

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

[www.wncschool.org](http://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.*

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**Applicant Information**

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

Student's Home Address:  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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**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? \_\_\_\_\_*

**Other Useful Information:**

Religious Affiliation (If any): \_\_\_\_\_

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

School: \_\_\_\_\_ City/State: \_\_\_\_\_ Dates: \_\_\_\_\_

School: \_\_\_\_\_ City/State: \_\_\_\_\_ Dates: \_\_\_\_\_

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

If so, Please describe: \_\_\_\_\_

List any medication that your child takes regularly (including ones taken at home) \_\_\_\_\_

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

Has your child been evaluated or diagnosed by a physician or other professional regarding any of the following:

- Speech Impediment                       Physical Limitation                       Learning Challenge
- Psychological Problem                       Other condition that might impact learning

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

***Are you interested in aftercare 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 May 31, 2021. Jr. Kindergarten, Kindergarten applications are due by August 1, 2021.

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? (i.e. move back and forth between custodial parents)

Yes  No

Your signatures below represent your application for your child for consideration of placement at Washington New Church School. In the event that your child is accepted, your application here also represents your agreement to pay tuition, other applicable fees and abide by the school handbook and policies.

Parent/Guardian 1: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_ Date: \_\_\_\_\_

|  |       |
|--|-------|
| <b>For Office Use Only</b>                             |       |
| Application received by:                               | Date: |
| Application fee received by: _____ (cash/ck/e-giving?) | Date: |
| Response letter sent:                                  | Date: |
| Additional documents attached? (list)                  |       |