



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: \$300 (please make your check payable to Washington Church of the New Jerusalem - WCNJ) and attach it to your application.*

*\$200 discount for applications before May 31

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: M F

U.S. Citizenship

 Yes No

Student's Home Address:

Street:

City:

State:

Zip:

Student Resides with (check all that apply): Biological Parents Father Mother Adoptive Shared custody Biological Parent & Stepparent Grandparent(s) Guardian(s)**NOTE → For separate families please answer the questions on the back of this application****Cell Phone:****Home Phone:**

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?** _____

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, 2023.

Your official application process begins with the submission of this document and with a non-refundable fee of \$300 (\$200 discount for applications before May 31) the \$300 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. If 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: _____

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