



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: _____

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 31st

Washington New Church School Student Contact Form

Student's Legal Name: Last, First, Middle	Date of Birth		
	_ / _ / _		
	Student's Age:		
	Current Grade:		
	U.S. Citizen	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Student Resides with (check all that apply):

Biological Parents
 Father
 Mother
 Adoptive
 Shared custody
 Biological parents and stepparent
 Grandparents (s)
 Guardian

NOTE: for separate families, please answer the questions at the end of this form

Parent/Guardian 1	Occupation:
(Dr./Mr./Mrs./ Ms.):	Employer:
Street Address:	Location:
City: State: Zip:	Business Phone:
Home phone: Cell: Work:	
Email:	
<i>Preferred method of communication: Phone? Email? Text?</i>	

Parent/Guardian 2	Occupation:
(Dr./Mr./Mrs./ Ms.):	Employer:
Street Address: <i>(complete if different than Parent 1)</i>	Location:
City: State: Zip:	Business Phone:
Home phone: Cell: Work:	
Email:	
<i>Preferred method of communication: Phone? Email? Text?</i>	

Separate Families Information:	
<i>Please provide the names of anyone who shares custody of the child:</i>	
(Name)	Relationship to the child:
(Address) <i>if not already listed on this page:</i>	
Street:	
City: State: Zip:	
Home phone: Cell: Work:	
Email:	
<i>Does the child's address change throughout the school year (i.e. move back and forth between custodial parents) <input type="checkbox"/> Yes <input type="checkbox"/> No</i>	

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: _____ Grade: _____

School: _____ Grade: _____

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.

Is there anything else (health, emotional, academic) you would like us to know about your child?

Are you interested in aftercare for your child? _____ Yes _____ No

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

Please Note:

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

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.

Your signatures also represent permission for the Washington New Church school to request student records from the above-mentioned previously attended school(s).

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)	