

Westland Christian Academy

Registration Form



Today's Date:	<i>Program</i>		
School Year:	<input type="checkbox"/> Homeschool <input type="checkbox"/> Credit Recovery <input type="checkbox"/> Dual Enrollment <input type="checkbox"/> Adult Education		
Student Information			
<i>Name</i>			
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	<i>Date of Birth Email</i>	<i>Current Grade</i> K 1 2 3 4 5 6 7 8 9 10 11 12	
<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Student Email</i>			
Family Information			
<i>Father</i>		<i>Mother</i>	
<i>Marital Status:</i> <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Other		<i>If other, please explain legal arrangement:</i>	
<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Primary Family Email</i>			
<i>Address (If different than student)</i>			
<i>Primary Phone Number</i>	<i>Secondary Phone Number</i>		
Emergency Contact Information			
<i>Contact</i>			
<i>Address</i>			
<i>Phone Number</i>	<i>Relationship</i>		
School History			
<i>School:</i>		<i>City:</i>	
<i>Please explain reasons for withdrawal or expulsion.</i>			
Signature			
I authorize the information provided is accurate. I am the parent/legal guardian of the above mentioned student. I understand that falsifying any information provided to WCA may result in termination from the program. I agree to pay all fees charged to my account. I have read and understand the registration process, and will abide by all policies of WCA.			
X _____ <i>Parent Signature</i>		X _____ <i>Parent Signature</i>	
<i>If parents are separated or divorced without legal custody documentation, both signatures are required for registration.</i>			
WESTLAND CHRISTIAN ACADEMY STAFF			
<i>Student Number</i>	<i>Request for Records Sent</i>	<i>Registration Fee Paid</i>	

X _____
Staff Signature