

Westland Christian Academy

Registration Form



Today's Date:	Program		
School Year:	<input type="checkbox"/> Learning Center <input type="checkbox"/> Homeschool <input type="checkbox"/> Credit Recovery <input type="checkbox"/> Adult Education		
Student Information			
Name			
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Parent's Email	Current Grade K 1 2 3 4 5 6 7 8 9 10 11 12
Address	City	State	Zip Code
Student Email			
Family Information			
Father		Mother	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Other		If other, please explain legal arrangement:	
Address	City	State	Zip Code
Primary Family Email			
Address (If different than student)			
☎ Primary Phone Number		☎ Secondary Phone Number	
Emergency Contact Information			
Contact			
Address			
☎ Phone Number		Relationship	
School History			
School:		City:	
Please explain reasons for withdrawal or expulsion.			
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 _____ Parent Signature		X _____ Parent Signature	
<small>If parents are separated or divorced without legal custody documentation, both signatures are required for registration.</small>			
WESTLAND CHRISTIAN ACADEMY STAFF			
Student Number	Request for Records Sent	Registration Fee Paid	

X _____
Staff Signature