



Westminster

CHRISTIAN SCHOOL

6855 SW 152 Street, Miami, FL 33157
www.wcsmiami.org
(305) 233-2030

Application for Admission

Family Information

FATHER/GUARDIAN

Title _____ First Name _____ Middle Initial _____ Last Name _____

Street Address _____

City _____ State _____ Zip _____

Phone Numbers: Home () _____ Cell () _____

Business Name _____ Phone () _____

Business Address _____

Email Address _____

MOTHER/GUARDIAN

Title _____ First Name _____ Middle Initial _____ Last Name _____

Street Address (if different than above) _____

City _____ State _____ Zip _____

Phone Numbers: Home () _____ Cell () _____

Business Name _____ Phone () _____

Business Address _____

Email Address _____

Please star (*) the address above to be used for all correspondence concerning this application.

What is the marital relationship in your home?

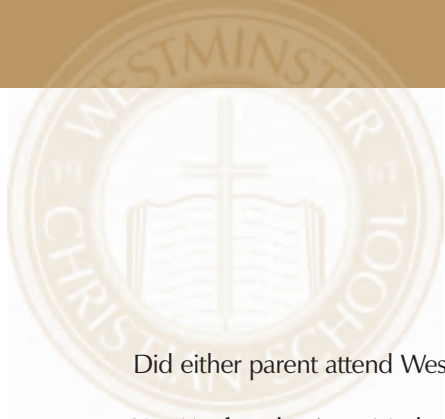
Parents are: married and living together separated divorced

If divorced, which parent has custody? _____

one parent deceased children living with one parent and step-parent

other (please specify) _____

Who will be responsible for payment of school fees? _____



Did either parent attend Westminster? Mother Father Neither

Year(s) of graduation: Mother _____ Father _____

Have you ever applied to Westminster for another child? Yes No

Whom may we thank for referring you to Westminster? _____

Of which church or Parish is your family a member?

(Church Name) _____ (Denomination) _____

Name of Pastor/Church Leader _____

Church Attendance _____ Weekly _____ Frequently _____ Infrequently

Sunday School Attendance _____ Weekly _____ Frequently _____ Infrequently

The following question should be completed by each parent individually.

What is the father's relationship with Jesus Christ?

What is the mother's relationship with Jesus Christ?

Signature of Father _____ Date _____

Signature of Mother _____ Date _____



Applicant Information Child #1

Applicant's full name _____
(First) (Middle) (Last)

Date of Birth ____/____/____ Gender: Male Female Social Security Number ____ - ____ - ____
Mo Day Year

Applying for School Year ____/____ Applying for grade _____

Of what country is the applicant a citizen? _____

If other than USA, does the student have a Visa issued by the U.S. Department of State to study in the U.S.? Yes No

Please list each school attended and the grades attended at that school.

Current School _____ Current Grade _____

Previous Schools

1 _____ Grade _____ 2 _____ Grade _____

3 _____ Grade _____ 4 _____ Grade _____

1. Has the applicant applied to Westminster Christian School before? Yes No. If yes, for which grade? _____

2. Has the applicant ever been suspended expelled asked to withdraw from any school?
If "Yes", please give full particulars, including school name and address and Principal's name on a separate sheet of paper.

3. Has the applicant ever failed a grade? Yes No. If yes, which grade? _____

4. Has the applicant ever had testing for giftedness, learning disabilities, attention problems, reading or math difficulties or adjustment issues? Yes No. If yes, describe the program and provide a copy of the testing report. _____

5. For students entering 1st grade and up; why is your student leaving his/her current school? _____

6. Has the applicant, to your knowledge, ever used any type of drugs, alcohol or tobacco? Yes No.
Has he/she been in any type of trouble with the law? Yes No. Please explain if "yes" on either question _____

(Westminster randomly tests enrolled students for drug usage to help support them in saying "no".)

7. Are there any medical or other conditions that would affect your student's ability to participate in academic or athletic programs? Yes No. If yes, please explain. _____



Applicant Information Child #2

Applicant's full name _____
(First) (Middle) (Last)

Date of Birth ____/____/____ Gender: Male Female Social Security Number ____ - ____ - ____
Mo Day Year

Applying for School Year ____/____ Applying for grade _____

Of what country is the applicant a citizen? _____

If other than USA, does the student have a Visa issued by the U.S. Department of State to study in the U.S.? Yes No

Please list each school attended and the grades attended at that school.

Current School _____ Current Grade _____

Previous Schools

1 _____ Grade _____ 2 _____ Grade _____

3 _____ Grade _____ 4 _____ Grade _____

1. Has the applicant applied to Westminster Christian School before? Yes No. If yes, for which grade? _____
2. Has the applicant ever been suspended expelled asked to withdraw from any school?
If "Yes", please give full particulars, including school name and address and Principal's name on a separate sheet of paper.
3. Has the applicant ever failed a grade? Yes No. If yes, which grade? _____
4. Has the applicant ever had testing for giftedness, learning disabilities, attention problems, reading or math difficulties or adjustment issues? Yes No. If yes, describe the program and provide a copy of the testing report. _____

5. For students entering 1st grade and up; why is your student leaving his/her current school? _____

6. Has the applicant, to your knowledge, ever used any type of drugs, alcohol or tobacco? Yes No.
Has he/she been in any type of trouble with the law? Yes No. Please explain if "yes" on either question _____

7. Are there any medical or other conditions that would affect your student's ability to participate in academic or athletic programs? Yes No. If yes, please explain. _____
