

# WADE CHRISTIAN ACADEMY

## APPLICATION FOR ADMISSION

Office Use Only
Date: _____
Amt: _____
Type/#: _____

Student's Legal Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Preferred Name) \_\_\_\_\_

Student's Current Grade Level: \_\_\_\_\_ Applying For Student to Enter Grade Level: \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Place of Birth (City, County, State) \_\_\_\_\_  Male  Female

Copy of Birth Certificate attached  will be provided

Student's Ethnic Background (Optional):  Hispanic  African American  American Indian  Asian  Caucasian  Other

Full Name of Father/Guardian (Include Title: Mr., Pastor, Dr., etc.): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Full Name of Mother/Guardian (Include Title: Mrs., Dr., etc.): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please check all that apply:

Student lives with both parents

Grandparent(s) has(have) custody

Student lives with Father

Student lives with Mother

Other

Father has custody

Mother has custody

Person responsible for payment of tuition and fees:

		( )
Name	Address	Phone number

Current and previous school(s) attended, dates, and reasons for leaving: *(If needed, please continue on a separate page.)*

Name of School:	Dates:	Reason For Leaving:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has/is/does the applicant: *(If additional writing space is needed, please continue on a separate page.)*

Repeated a grade? If yes, what grade? \_\_\_\_\_

Attended or made application to Wade Christian Academy? If yes, what year(s)? \_\_\_\_\_

Been suspended or expelled (or been recommended for suspension or expulsion) from any school for any reason?

If yes, explain and include the dates and the name of the school and principal: \_\_\_\_\_

\_\_\_\_\_

Are you now, or have you ever been, under the supervision of a parole officer or under the custody of juvenile courts?

Yes ( ) No ( ) If so, why? \_\_\_\_\_

Has student ever had a police record? Yes ( ) No ( ) If so, explain \_\_\_\_\_

\_\_\_\_\_

Been home-schooled? If yes, give dates, grade level(s), and curriculum used: \_\_\_\_\_

Had a clinical diagnosis of a learning disability? If yes, please explain: \_\_\_\_\_

Had any additional testing or tutoring? If yes, please explain: \_\_\_\_\_

Participated in regular, standardized achievement testing? \_\_\_\_\_

Currently taking prescription medication(s)? If yes, list name(s) of medication(s) and their purpose: \_\_\_\_\_

\_\_\_\_\_

Participated in advanced classes? If yes, in which area(s): \_\_\_\_\_

Which of the following would best describe the grades typically received by the applicant?

\_\_\_ A's    \_\_\_ A's and B's    \_\_\_ B's and C's    \_\_\_ C's and D's    \_\_\_ D's    \_\_\_ D's and Failing Grades

If the applicant has any physical limitations or chronic illnesses of which we should be aware, please explain. (You may attach a separate page explaining his or her special needs.)

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Regularly attends church? Yes ( ) No ( ) if yes, where: \_\_\_\_\_

Salvation Date: \_\_\_\_\_ Baptism Date: \_\_\_\_\_ Brief Testimony: \_\_\_\_\_

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Please use the space below for other pertinent information about your child or family situation that you think could help the school to meet your child's needs, or if you prefer, you may attach a separate page.

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Wade Christian Academy was recommended by: \_\_\_\_\_

#### NOTICE OF NONDISCRIMINATORY POLICY AS TO STUDENTS

Wade Christian Academy admits students of any race, color, nationality and ethnic origin to all rights, privileges, programs, and activities generally afforded or made available to students at the school. It does not discriminate on the basis of race, color, nationality and/or ethnic origin in the administration of its educational policies, admissions policies, and athletic and other school-administered programs.

*Note:* The application will not be processed without a \$25.00 non-refundable application processing fee; however, payment of this fee does not assure admission. Once all paperwork is returned and the enrollment steps are completed, eligible candidates will be contacted for a family interview. When the enrollment fee is paid, a space will be held for that student. Initially, acceptance is given on a provisional basis and is made final after records from the student's former school have been received and reviewed.

I affirm that all the information in this application is true and accurate to the best of my knowledge. I understand that providing false information or omission of pertinent information could be reason for rejection of the application or dismissal of my child from Wade Christian Academy. I also understand that I may be asked to provide additional written information.

Father/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Make checks payable to Wade Christian Academy and return to: Wade Christian Academy, 4300 N. Wickham Rd., Melbourne, FL 32935. If you have any questions, please contact the school office at (321) 259-6788.