



763 North Sunset Avenue • West Covina CA 91790-1298
(626) 962-7089 • www.wccsonline.net

STUDENT APPLICATION

Student's Name _____

Applying for Grade _____

STATEMENT OF FAITH

At West Covina Christian School, we uphold the truths revealed in God's Word: We believe the Bible to be the inspired, infallible and authoritative Word of God. We believe in the triune God: Father, Son and Holy Spirit. We believe in the deity of Jesus Christ, His virgin birth and His sinless life. We believe man was originally created in the image of God; but through Adam's sin all men are born into sin and are spiritually dead and separated from God. We believe Christ bore on the cross the sins of the world making available atonement for all who believe. We believe salvation is a gift of God by grace through faith. We believe Christ ascended to heaven, is seated in authority, and will return again to earth to reign as King of Kings, and Lord of Lord. We believe the Holy Spirit regenerated (born again) believers to a new life in Christ and continues His work of sanctification in believers to manifest the character of Christ. We believe that God wonderfully foreordained and immutably created each person as either male or female in conformity with their biological sex. These two distinct yet complementary genders together reflect the image and nature of God (Genesis 1:26-27).

MISSION STATEMENT

West Covina Christian School exists to give our students a well-rounded education which provides opportunities for them to excel academically, discover and use their creativity, develop positive relational skills, use new technologies, and grow in their understanding of how spiritual truths can influence their lives.

Application Process: All items required in order listed.

Step 1. Obtain application packet

Step 2. Return completed application (Both parents must sign)

Pay application fee (Non-refundable)

Return proof of immunization

Return copy of Legal birth certificate

Return copy of most recent report card

Return copy of most recent standardized test scores (if available)

Return completed 1st Grade Health Screen form - **1st grade only**

Return completed reference form - **grades 1-8 only**

Make appointment for Admissions Testing

Step 3. Take admissions test (Kdg. & 1st grades only)

Step 4. Schedule and attend the Parent Interview with Principal (Decision concerning acceptance and grade placement will be made at the parent interview.)

Step 5. Pay Registration Fee (Non-refundable)

For Office Use

Test Date: _____

Interview Date: _____

Please complete every section. Please PRINT OR TYPE in black ink.

Pupil's Name _____ Entering Grade _____
Last First Middle

Address _____ Phone _____

City _____ State _____ Zip _____ Sex M F

Date of Birth _____ Place of Birth _____
City State

Primary Language _____

This child lives with: (circle one) Mother & Father Foster Parents Mother Only Grandparents Father Only Other:

Tuition account address _____

Father/Guardian Name _____

Employer _____

Address _____ City _____ State _____ Zip _____

Business Phone _____ Hours _____ to _____ Cell phone # _____

Mother/Guardian Name _____

Employer _____

Address _____ City _____ State _____ Zip _____

Business Phone _____ Hours _____ to _____ Cell phone # _____

List all children, and others, living in your home.

Name	Age	Son	Daughter	Other
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are you applying now for all K-8 children in your family? Yes _____ No _____

Last School Attended _____ Teacher _____

Address _____ City _____ State _____ Zip _____

Phone _____ Grade(s) skipped _____ Grade(s) repeated _____

I learned about WCCS by: a friend (who? _____) driving by, at work,
 yellow pages, neighbors, a mailer, website, other (explain _____)

State briefly why you want your child to attend WCCS. _____

How do you motivate your child? _____

What forms of discipline have you found to be effective with your child? _____

What are your child's strengths? _____

What are your child's weaknesses? _____

Pupil's interests and hobbies _____

Has the student ever had any disciplinary difficulty in school? _____ If yes, explain briefly. _____

Church student attends _____ Denomination _____

How frequently? _____ Weekly _____ Monthly _____ On Special Occasions

Please give a statement of your (the parent) personal relationship to Jesus Christ. _____

GENERAL HEALTH INFORMATION

What is the child's general condition of health? _____

Any significant conditions at birth, abnormalities, developmental delays? _____

Hearing deficiency _____ Vision deficiency _____ Must glasses be worn at school? _____

Is child allergic to any drugs? _____ If yes, what _____

Must child be restricted in any physical activities or sports? Yes No

Number of Absences last school year _____

Number of Tardies last school year _____

Any other pertinent health information regarding your child? _____

FINANCIAL INFORMATION

TUITION FEES: Tuition is an annual fee. *We offer several payment options:*

One Full payment or **Two Installment payments** earn you a discount. Please refer to the Tuition Schedule sheet for current discount amounts and time frame of payments.

Monthly payments can be set up as an **EFT** (*Electronic Funds Transfer*) or **Office payments**.

EFT payments can be set up on the 1st or 15th of the month for automatic payments. Office payments (cash, check, or credit/debit card) are charged a monthly \$10 processing fee. Office payments are due on the 1st of the month. Payments received after the 10th will be assessed a 10% late fee.

WITHDRAWAL PROCEDURE: If you desire to withdraw your child from school, a minimum of two weeks written notice must be given to the school office or two weeks of tuition will be charged to your account balance.

AGREEMENT

- I hereby make application for the admission of my son/daughter to grade _____ in West Covina Christian School.
- I understand that application and registration fees are non-refundable and non-transferable.
- I promise to pay my financial obligation to West Covina Christian School on the date due.
- I agree to encourage obedience to the rules and regulations of the school. I will foster an attitude of respect and responsibility on the part of my child. I understand that West Covina Christian School does not tolerate profanity, pornography, obscenity in word or action, possession or use of drugs, alcohol, tobacco or weapons, dishonor to God or the Bible, and disobedience or disrespect to the school staff.
- I agree to support the school in necessary disciplinary action. If my child does not comply with the academic, Biblical and behavioral standards of the school, I agree that I will withdraw my child from the school or he/she may be expelled.

BOTH SIGNATURES REQUIRED

Father/Guardian Signature _____ Mother/Guardian Signature _____

West Covina Christian School is a ministry of Bethany Church. The school has a non-discrimination policy. West Covina Christian School admits students of any race, color, nationality and ethnic origin. It does not discriminate on the basis of color, national or ethnic origin in the administration of its educational policies, admissions policies, athletic policies, or other school-administered programs.

FOR OFFICE USE ONLY:

Date application received _____ Immunization Record _____ Legal Birth Certificate _____

Application Fee Paid _____ Report Card _____ Health Screen Form (1st only) _____

Registration Fee Paid _____ Test Scores _____ Reference Form (1st-8th) _____

Test Results: Reading _____ Math _____ Language _____ Comments _____

Interview Date _____ Pupil Accepted Yes No Grade Placement _____

Comments _____

Follow up need _____

Cum Requested _____ Withdrawal _____ Cum Sent _____