Dear prospective families,

On behalf of Waller Christian Academy, I would like to thank you for your interest in our school. At Waller Christian Academy, we believe in “Excellence…His way!”

Enclosed you will find an application for the 2016-2017 school year. Please complete the included information for your child(ren) and family. Return the attached form(s) with your $100 application fee to the school. Any applications received without the required application fee will NOT be processed.

Once the application and fee have been received and processed, you will be contacted to schedule your child’s admissions testing and family interview. Upon acceptance, you will receive your registration packet.

Again, thank you for your interest in Waller Christian Academy. Please contact us should you have any questions.

In His service,

Tiffany Johnston, M. S.
Principal
CHILD #1

Full Name: ____________________________________________________ (________________)
__ Male __ Female   Birthdate: ____/____/____   Age: ____   Applying For Grade: ___________
Place of Birth: ________________________________ Social Security #: _____-____-____

Is this student a United States Citizen? __ Yes __ No If no, please explain: ______________________

Ethnic Origin: __ African American __ Anglo (Caucasian) __ Asian __ Bi-racial __ Hispanic
__ Multi-Racial __ Native American __ Other

What school district does student currently reside in? ______________________

Please list all previous schools attended:

<table>
<thead>
<tr>
<th>School Name</th>
<th>School’s Complete Address</th>
<th>Phone Number</th>
<th>Grades Attended</th>
<th>Any Repeated?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

School district where the student resides: ________________________________

Is the student in good academic standing at his/her current school? __ Yes __ No

Is the student in good behavioral standing at his/her current school? __ Yes __ No

Has applicant been suspended or expelled from school? __ Yes __ No

Has applicant been denied admission to another school? __ Yes __ No

Has applicant been suspended, expelled, asked to withdraw from school at any time? __ Yes __ No

Does the applicant take any special medications (allergies, asthma, etc.)? __ Yes __ No

If yes to any of the above, please explain on a separate sheet

Does the applicant ever had educational psychological testing? __ Yes __ No

If yes, a complete copy of the testing must be submitted with the transcript

Does the applicant have any physical handicaps or limitations (sight, hearing, etc.) __ Yes __ No

Preschool students must be potty trained. Is preschool applicant potty trained? __ Yes __ No

Has the applicant ever been identified for services under 504? __ Yes __ No
Has the applicant ever received services for Special Education?  __ Yes __ No

Student Interests:

Academics: __Art __Computers __Music __Math __English __Science __History

Sports: __Baseball __Basketball __Cheerleading __Dance __Football __Gymnastics __Volleyball
   __Horseback Riding __Running __Soccer __Softball __Swimming __Track and Field

Miscellaneous: __Book Club __Choir __Drama __Scouts __Yearbook __Youth Ministry __4H

Other Interests: __________________________________________________________

CHILD #2

Full Name: __________________________________________ (________________)  Nickname

__ Male __ Female  Birthdate: ____/____/____  Age: ____  Applying For Grade: __________

Place of Birth: ____________________________________ Social Security #: _____-__-____

Is this student a United States Citizen?  __ Yes __ No  If no, please explain: ______________

Ethnic Origin: __ African American __ Anglo (Caucasian) __ Asian __ Bi-racial __ Hispanic __ Multi-Racial
   __ Native American __ Other

Please list all previous schools attended:

<table>
<thead>
<tr>
<th>School Name</th>
<th>School’s Complete Address</th>
<th>Phone Number</th>
<th>Grades Attended</th>
<th>Any Repeated?</th>
</tr>
</thead>
<tbody>
<tr>
<td>____________</td>
<td>_________________________</td>
<td>____________</td>
<td>________________</td>
<td>______________</td>
</tr>
</tbody>
</table>

| ____________| _________________________| ____________| ________________| ______________|

School district where the student resides: _________________________________________

Is the student in good academic standing at his/her current school?  __ Yes __ No

Is the student in good behavioral standing at his/her current school?  __ Yes __ No

Has applicant been suspended or expelled from school?  __ Yes __ No

Has applicant been denied admission to another school?  __ Yes __ No

Has applicant been suspended, expelled, asked to withdraw from school at any time?  __ Yes __ No
Does the applicant take any special medications (allergies, asthma, etc.)? __ Yes __ No

*If yes to any of the above, please explain on a separate sheet*

Has the applicant ever had educational psychological testing? __ Yes __ No

*If yes, a complete copy of the testing must be submitted with the transcript*

Does the applicant have any physical handicaps or limitations (sight, hearing, etc.)? __ Yes __ No

Preschool students must be potty trained. Is preschool applicant potty trained? __ Yes __ No

Has the applicant ever been identified for services under 504? __ Yes __ No

Has the applicant ever received services for under Special Education? __ Yes __ No

Student Interests:

Academics: __Art __Computers __Music __Math __English __Science __History

Sports: __Baseball __Basketball __Cheerleading __Dance __Football __Gymnastics __Volleyball

__Horseback Riding __Running __Soccer __Softball __Swimming __Track and Field

Miscellaneous: __Book Club __Choir __Drama __Scouts __Yearbook __Youth Ministry __4H

Other Interests: ________________________________________________________________
“Transforming hearts.
Engaging minds.
Living Truth”

FATHER
Full Name: ____________________________________________________
Home Address: ___________________________________________________________________
Occupation/Title: ______________________________ Name of Firm: _______________________
Business Address: __________________________________________________________________
Home Phone: (____) ______ - ________ Cell Phone: (____) ______ - ________
Business Phone: (____) ______ - ________ Fax: (____) ______ - ________
Primary E-mail: _________________________ Secondary E-mail: _______________________
Education: High School _____ years College _____ years, degree? __________

MOTHER
Full Name: ____________________________________________________
Home Address: ___________________________________________________________________
Occupation/Title: ______________________________ Name of Firm: _______________________
Business Address: __________________________________________________________________
Home Phone: (____) ______ - ________ Cell Phone: (____) ______ - ________
Business Phone: (____) ______ - ________ Fax: (____) ______ - ________
Primary E-mail: _________________________ Secondary E-mail: _______________________
Education: High School _____ years College _____ years, degree? __________

STEP PARENT
Full Name: ____________________________________________________
Home Address: ___________________________________________________________________
Occupation/Title: ______________________________ Name of Firm: _______________________
Business Address: __________________________________________________________________
Home Phone: (____) ______ - ________ Cell Phone: (____) ______ - ________
Business Phone: (____) ______ - ________ Fax: (____) ______ - ________
Primary E-mail: _________________________ Secondary E-mail: _______________________
Education: High School _____ years College _____ years, degree? __________
FAMILY

Student lives with (check all that applies):

__ Father __ Mother __ Stepfather __ Stepmother __ Grandparents __ Other: ___________

Parent’s Marital Status: __ Married __ Separated __ Divorced __ Remarried __ Widowed __ Single

*If parents are divorced, who has responsibility for school related decisions? __ Father __ Mother

Primary Language Spoken in the Home: ______________________________

Who has primary custody (copy of custodial rights are required)? __ Father __ Mother

Who is responsible for school bills? __ Father __ Mother

Family attends what church? ______________________________________________________

Pastor’s Name: ___________________________________________________________________

Church Address: _______________________________________ Phone (_____)______-

Does the applicant attend regularly? Church __ Yes __ No Student Ministries __ Yes __ No

Does the father attend regularly? Church __ Yes __ No Bible Study __ Yes __ No

Does the mother attend regularly? Church __ Yes __ No Bible Study __ Yes __ No

Testimony of personal relationship with Jesus Christ:

Father:
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

Mother:
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
In order to teach your child that personal value and character is measured through a Christian heart and Christian actions rather than through physical appearance, Waller Christian Academy enforces our dress code through the use of school uniforms for grades kinder and up. Is your family willing to adhere to this expectation? ____yes ____no

In effort to assist your family in raising a child to be obedient to God and those entrusted in his authority, WCA practices the use of corporal punishment as a means of behavioral correction. Corporal punishment is only used when other forms of correction have proven to be unsuccessful in a child’s behavior. Parental consent must be given in written form through the student handbook by each parent that has custodial rights of that child. Is your family willing to accept this means of correction when needed? _____yes ____no

By signing this agreement, I certify that the above answers given are true and complete to the best of my knowledge.

Student Signature: ______________________________

Parent Signature: ______________________________  Parent Signature: ______________________________