



PRESCHOOL  
1616 WEST STREET  
WOODLAND, CA 95695  
530-662-0994

ELEMENTARY  
530-666-6615  
MIDDLE SCHOOL & HIGH SCHOOL  
530-406-8800  
1787 MATMOR ROAD  
WOODLAND, CA 95776

WWW.WOODLANDCHRISTIAN.ORG

**OFFICE USE ONLY**

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Fee: \$\_\_\_\_\_  
 Paid by: Cash CK# \_\_\_\_\_ Credit Card  
 Received By: \_\_\_\_\_  
 Testing Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Interview Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Start Date: \_\_\_\_\_ Last Day: \_\_\_\_\_  
 Health Record  CUM Requested  
 Book keeper  RenWeb

**2016-2017 ENROLLMENT APPLICATION**

**STUDENT INFORMATION**

**Applying for Grade:**

½ Day Kindergarten  Full Day Kindergarten  1  2  3  4  5  6  7  8  9  10  11  12

Full Legal Name: \_\_\_\_\_ / \_\_\_\_\_  
 Last First Middle Preferred First Name

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender:  M  F Home Phone: (\_\_\_\_) \_\_\_\_\_

Primary Address (All school mailings will be sent to this address) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Student Email Address (Grades 9-12) \_\_\_\_\_ Student Cell Phone (Grades 9-12) \_\_\_\_\_ Social Security # (Grades 11 & 12) \_\_\_\_\_

Ethnicity (optional):  Asian  African American  Caucasian  Hispanic  American Indian  Pacific Islander  Other

Language most often spoken at home: \_\_\_\_\_ Other languages: \_\_\_\_\_

**PARENTS' STATUS:**  Married  Divorced  Remarried  Single  Deceased ( Father  Mother)  Other \_\_\_\_\_

**STUDENT LIVES WITH:**  Father  Step-father  Guardian  Shared Custody

- 100%
- 50%
- Weekends only
- Mailing list only
- NO Contact

**FATHER OR GUARDIAN** \_\_\_\_\_  
 Mailing address \_\_\_\_\_  
*(if different than student)*  
 Occupation \_\_\_\_\_  
 Place of Employment \_\_\_\_\_  
 Does employer have a matching gift program?  yes  no

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

Spouse's Name, if different than mother: \_\_\_\_\_

Email Address: \_\_\_\_\_  Home  Work

**STUDENT LIVES WITH:**  Mother  Step-mother  Guardian  Shared Custody

- 100%
- 50%
- Weekends only
- Mailing list only
- NO Contact

**MOTHER OR GUARDIAN** \_\_\_\_\_  
 Mailing address \_\_\_\_\_  
*(if different than student)*  
 Occupation \_\_\_\_\_  
 Place of Employment \_\_\_\_\_  
 Does employer have a matching gift program?  yes  no

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

Spouse's Name, if different than father: \_\_\_\_\_

Email Address: \_\_\_\_\_  Home  Work

**NEWSLETTERS & ANNOUNCEMENTS BY EMAIL:**

Newsletters and announcements will be sent via the email addresses provided. It is our desire to keep our families informed in a quick and efficient way. Please choose from the following options:

- Please send communications to the email address provided for:  Father  Mother  Both  
 I do not have an email address and will need all communication mailed or sent home with my child.

# ENROLLMENT APPLICATION CONTINUED

## EDUCATIONAL BACKGROUND:

List the schools student has attended in the past (beginning with the most recent).

School _____	Grade(s) Attended _____	Phone _____
Address _____	City _____	State _____ Zip _____
Reason for leaving: _____		

  

School _____	Grade(s) Attended _____	Phone _____
Address _____	City _____	State _____ Zip _____
Reason for leaving: _____		

  

School _____	Grade(s) Attended _____	Phone _____
Address _____	City _____	State _____ Zip _____
Reason for leaving: _____		

## PURPOSE OF ENROLLMENT:

How did you hear about WCS?:

Woodland Preschool  
  Website  
  Family/Friend  
  Parent is Alumni of WCS  
  Continuing WCS Family

Phone Book  
  Advertising (please specify): \_\_\_\_\_

Referred by current WCS family. Name of person that referred you: \_\_\_\_\_

Please rank the following reasons for enrollment, with 1 being the most important:

\_\_\_\_\_ Christian Emphasis  
 \_\_\_\_\_ Quality Academics  
 \_\_\_\_\_ Safety  
 \_\_\_\_\_ Location  
 \_\_\_\_\_ Other \_\_\_\_\_

What do you expect to find at WCS that you would not find in another school? \_\_\_\_\_

## FAMILY INFORMATION: Please list all children under the age of 18 living with the family .

Name	Date of Birth	2016-2017 Grade	School Attending in 2016-2017

## CHURCH INFORMATION:

Does Family attend Church? <input type="checkbox"/> Yes <input type="checkbox"/> No	Church Attendance: <input type="checkbox"/> Weekly <input type="checkbox"/> Once a month <input type="checkbox"/> Less than once a month
Pastor: _____	Name of Church: _____

**I CERTIFY THAT THE INFORMATION SUPPLIED ON ALL DOCUMENTS IS TRUE AND COMPLETE:**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Parent Name Printed

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date