

Wynnbrook Christian School

500 River Knoll Way
Columbus, Georgia 31904

www.wynnbrookcs.org

Phone: (706) 323-0795 FAX: (706) 322-3688

Application for Admission

Date _____

Student's Name _____

Applying for Grade _____ Gender _____ Birth Date _____ Social Security # _____

Biological Mother's Name _____

Last First

Home Address _____

Home Phone () _____ Home Email _____

Cell Phone () _____ Business Phone () _____

Employer _____

Biological Father's Name _____

Last First

Home Address _____

Home Phone () _____ Home Email _____

Cell Phone () _____ Business Phone () _____

Employer _____

Alternative Family Information (stepparent, guardian, adoptive parent, etc.)

First and Last Name(s) _____ Relationship _____

Home Address _____

Home Phone () _____ Home Email _____

Cell Phone () _____ Business Phone () _____

Employer _____

Active Wynnbrook Church Member? (Active is attending and tithing at least once per quarter.) YES NO

Church currently attending: _____

Child resides with ___Both Parents ___Mother Only ___Father Only ___Grandparent(s) ___Guardian ___Other_____

Parents' marital status ___Married ___Divorced ___Mother Remarried ___Father Remarried ___Deceased ___Never Married

Active Military? YES NO

Were you referred to WCS by a current WCS family? YES NO If so, please list name:

It is the policy of Wynnbrook Christian School to admit students regardless of race, gender, color, or national origin.

Present & Former Schools (List in order beginning with most recent.)

School	Address	Phone	Dates Attended

Has applicant ever been dismissed from any school for any reason? Suspended? Asked to withdraw? If yes, please explain. _____

Has applicant been diagnosed with a physical or mental disability AND/OR is he/she currently taking medication? If yes, please explain. _____

Release Clauses: *I do hereby grant the following permissions:*

Communication Release Form

For and in consideration of my engagement as a parent or legal guardian, on terms or fee hereinafter stated, I hereby give Wynnbrook Christian School (WCS) and its employees, representatives, agents, hereinafter referred to as the School, the right and permission to copyright and/or broadcast and republish my telephone number or my e-mail address for the purpose of a communication booklet (Telephone or E-Mail Booklet) and distributed among all parents/legal guardians among WCS.

I hereby release, discharge, and agree to save harmless the School, or any persons or corporations with whom the School may be acting from and against any liability as a result of any right to privacy.

I have read the foregoing release, authorization and agreement, before affixing my initials below, and warrant I understand the contents thereof.

Yes _____

No _____

Model and Talent Release

For and in consideration of my engagement as a photography model, actor and/or background actor/extra for WCS, I hereby give WCS and its employees, representatives, agents, the right and permission to copyright and/or broadcast and republish videotape, motion picture or still film recordings of myself or my child, in conjunction with my own or fictitious name, on productions thereof made through any media for any purpose whatsoever, including the use of any printed matter.

I hereby waive any right to inspect or approve the finished film, videotape, soundtrack or advertising copy or printed matter that may be used in conjunction therewith or to the eventual use that it might be applied.

I hereby release, discharge, and agree to save harmless the School, or any persons, production company, advertising agency, corporation, or corporations with whom the School may be acting from and against any liability as a result of any distortion, blurring, or alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking, processing or reproduction of the finished product, its publication, distribution or broadcast.

I have read the foregoing release, authorization and agreement, before affixing my initials below, and warrant that I fully understand the contents thereof.

Yes _____

No _____

Medical Release Form

I give WCS permission to seek medical attention for my child, _____, if neither parent can be reached.

Father's Name _____ Mother's Name _____

Contact number(s) _____ Contact number(s) _____

Doctor's Name _____ Preferred Hospital _____

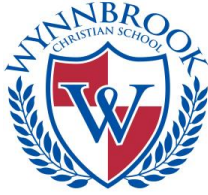
Parent/Guardian Signature _____ Date Signed _____

Office Use Only

Date of Completion	Record Required
	Completed Application for Admission
	Previous School Withdrawal Record
	Cumulative Records (Provided by previous school official)
	Most recent Report Card (Provided by previous school official)
	Current Standardized Test Scores (Please circle) GA Milestones ITBS TerraNova Other
	Copy of Birth Certificate
	Copy of Social Security Card
	Immunization Form (GA # 3231)
	Vision/Hearing Screening (#3300)
	Letter/Recommendation Form from Administrator or Teacher
	Academic Test & Fee (\$30 non-refundable)
	Registration Fee (due upon acceptance)
	Admissions Committee Recommendation UNCONDITIONAL CONDITIONAL
	Principal Decision UNCONDITIONAL CONDITIONAL

WCS Office Administrator

Date



Admissions Policy

1. Interview with the WCS Administration (parent and student).
2. Complete and submit all application information to the school office including the following:
 - a. Completed Application for Admission
 - b. Previous School Cumulative Records (mailed or faxed from previous school only)
 - i. Attendance record
 - ii. Previous school withdrawal record
 - iii. Current academic records
 - iv. Behavior records
 - v. Current (last 12 months) standardized tests scores (CRCT/ITBS/CTP4/Other)
 - c. Copy of Birth Certificate
 - d. Copy of Social Security Card
 - e. Immunization Form (GA # 3231)
 - f. Vision/Hearing Screening (#3300)
 - g. Letter of Recommendation from Administrator or Teacher

(Steps 3 and 4 may be exercised while waiting for Step 2-B to be sent.)
3. Read the Parent-Student Handbook located at www.wynnbrookcs.org/resources. Sign and return the Acknowledgement Form. (Parent and student must read and sign the handbook. Proceed with the admissions process only if in agreement with, and willing to abide by, the policies in the Handbook.)
4. Academic Test and Fee if required by WCS Administration (\$30 non-refundable)
5. Registration Fee (required at time of acceptance)
6. The Admissions Committee (Principal, Testing Coordinator, and Faculty Member) will review all of the application materials and make a formal recommendation to the Administration for either **Conditional or Unconditional Admission**.
 - a. **Conditional Admission** - student is accepted on a probationary status for a period not to exceed 45 academic days during which the student is evaluated on academic and behavioral performance. A student receiving positive evaluations will be elevated to Unconditional Admission status. A student not recommended for Unconditional Admission will be dismissed from the school.
 - b. **Unconditional Admission** - student is accepted without review of academic or behavioral probation.
7. The WCS Administration makes the final decision regarding the admission of the student. Parent/ Legal Guardian will be notified via letter or email communication process.

Enrollment Financial Agreement

The WCS Administration requires an **Enrollment Financial Agreement** to be established upon student acceptance. This is a financial obligation for one year between the school and the parent or legal guardian. The school commits to provide academic services, and the parent/legal guardian agrees to meet financial responsibilities for those services for the entire tuition term. The agreement details special provisions regarding early withdrawal for measures beyond reasonable control which are taken into consideration to exclude financial commitment. If a student does not meet these provisions, the entire tuition amount is required.

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