



Application for Admission

Wynnbrook Christian School

Principal: Mr. Jonathan Norton

500 River Knoll Way Columbus, GA 31904 Phone: 706-323-0795 Fax: 706-322-3688

Wynnbrook Christian School admits students regardless of race, gender, color, or national origin.

Student's Name _____

Primary Parent/Guardian Name _____ Relationship _____

WCS Enrollment: ___ Full time ___ Homeschool division/Part time ___ Athletics ___ Adventure Club

Present & Former School Attendance (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 ever been given an IEP or differentiated learning requirements?

If yes, please explain: _____

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

Church Attendance

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

Church currently attending: _____ Member? YES NO

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 _____ Parent/Guardian Signature: _____ Date: _____

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 _____ Parent/Guardian Signature: _____ Date: _____