

**Wesfield Academy  
2020/2021 Admission Registration**

Today's Date: \_\_\_\_\_ What grade are you applying for? \_\_\_\_\_

Student information:

Student's Full Name (first, middle, and last) \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender: \_\_Male \_\_Female

Address (please include city, state, and zip code):  
\_\_\_\_\_

Child lives with: \_\_Both Parents \_\_Mother \_\_Father \_\_Other

If other, what is the name of caregiver? \_\_\_\_\_

Father's Name (first and last): \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Mother's Name (first and last): \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Caregiver's Name ( if applicable) (first and last): \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

If different from above: (please note that unless otherwise specified, parents or caregivers will be called in case of an emergency)

Emergency Contact #1: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_ Phone: \_\_\_\_\_

Authorized Persons to Pick-up My Child: (please note that identification must be provided and matched in order for your student to be picked up)

Name

Driver's License Number

1: \_\_\_\_\_

2: \_\_\_\_\_

3: \_\_\_\_\_

4: \_\_\_\_\_

Allergies, including any diagnosed medical conditions that require monitoring:

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Other Health Concerns:

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Will any medication be needed while at school?  Yes  No

Insurance Information: Please provide company and policy number!

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Name of Previous School: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Phone #: \_\_\_\_\_ How long attended? \_\_\_\_\_

Last grade completed? \_\_\_\_\_

Has your child ever been suspended / expelled?  Yes  No

If yes, reason why?

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Please explain why you would like your child to attend our school:

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Parent / Guardian Name (print): \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Before your child can be considered for acceptance, the following information **MUST** be submitted:

- \_\_\_\_\_ 1) a copy of student's **Previous Transcript** if transferring in
- \_\_\_\_\_ 2) a copy of your child's **Immunization Records**;
- \_\_\_\_\_ 3) a copy of your child's **Birth Certificate** or legal documents that ensure you as the legal guardian; and,
- \_\_\_\_\_ 4) copies of **Photo ID** for each parent and/or legal guardian

## Parental Commitment & Financial Agreement

Please Initial Each Statement Below:

\_\_\_\_ We recognize that private education requires strong parental support, including attendance and participation at school activities and functions throughout the school year.

\_\_\_\_ We agree to regularly support and attend school meetings and functions.

\_\_\_\_ We authorize our child to attend recreational and educational activities and field trips throughout the year.

\_\_\_\_ We commit to carefully read and support all school policies as outlined in the Parent/Student Handbook.

\_\_\_\_ We recognize the authority of the teacher in the classroom and agree to direct any question to the teacher first, then, to the administration if necessary.

\_\_\_\_ In completing the Admission Registration for my child, it is our desire to have him/her complete the school year in the grade recommended by the administration.

\_\_\_\_ If we become dissatisfied with the school for any reason, we will seek to resolve the matter with the person or persons involved in a respectful manner, according to God's Word.

\_\_\_\_ We are aware of all tuition costs and fees that we are responsible for and if our account is delinquent for 30 or more days, our child will not be able to access the Ignitia software or attend class until the past due balances and fees are paid in full.

\_\_\_\_ We understand that the school policy is to make no refunds on any fees or tuition payments. We further understand that if for any reason my child was to leave the school prior to completion of the school year, we will be responsible for payment of all remaining tuition and fees before any transcripts or grades will be released.

\_\_\_\_ We understand that any violation on our part of the provisions in this agreement may be grounds for dismissal of our student.

\_\_\_\_ We recognize that Wesfield Academy has the right to dismiss any student who does not respect its spiritual standards or cooperate in the educational process.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

# Wesfield Academy Release and Waiver

## General

I, the undersigned, hereby agree to release and forever waive any claim which may arise against Wesfield Academy/its administration/its staff and volunteers from and for the services rendered during any Wesfield Academy event or activity. Furthermore, this release specifically includes all claims and demands of whatever nature, actions, cause of action, repairs, damages, cost of services, expenses, and compensation on account of or in any way growing out of personal injuries, illnesses, and/or property damage having already resulted or to result at any time in the future, whether or not contemplated at the present time or whether or not they arise following the execution of this release. This release agreement expresses a full and complete release of any liability, past or future, which may be claimed against Wesfield Academy, its trustees, officers, employees and volunteers. **Initial** \_\_\_\_\_

## Medical

I, the undersigned, hereby authorize Wesfield Academy to administer emergency medical assistance to my child. If I cannot be present or am not able to be contacted, I give my consent for any additional emergency medical treatment and hospital care necessary upon the advice of the overseeing licensed physician to be rendered to my child, and accept full responsibility for the payment of all expenses incurred as a result of medical treatment. If I cannot be present at the release of my child after medical treatment is completed, I authorize my child to be released to the representing agent from Wesfield Academy. **Initial** \_\_\_\_\_

## Transportation

I, the undersigned, hereby give my child permission to be transported to and from Wesfield Academy in the provided vehicles driven by the staff and/or volunteers. I agree to release and hold harmless Wesfield Academy and its staff and/or volunteers from any and all liability for injury or damage to my child and/or his/her property while being transported. **Initial** \_\_\_\_\_

## Photographs/Videos

I, the undersigned, hereby authorize and consent to the unrestricted use and reproduction of any and all photographs and/or video images taken of my child by Wesfield Academy within its appropriate use, including security camera monitoring in the classroom. I reserve the right to view all photographs and/or video images of my child at any time. **Initial** \_\_\_\_\_

**Note: If there is a protective issue that concerns your child, please indicate that by marking "X" in the blank instead of your initials. Thank you!**

*We look forward to getting to know you and your family. You, as parents, have a very important decision in making sure your children receive a quality education. Wesfield Academy is prepared to help you gain clarity and confidence in this decision to educate your children in a Christian environment that strives toward excellence in spiritual, academic and cultural development of children and teens. No student will be denied equal opportunity in education, nor do we discriminate on the basis of race, color, birth gender, national origin, or religion.*

Student's Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_