



ELEMENTARY & MIDDLE SCHOOL  
22450 Sherman Way  
West Hills, CA 91307  
818-884-4710 fax 818-884-4749

## APPLICATION FOR ADMISSION

Today's Date \_\_\_\_\_ Applying for Grade \_\_\_\_\_ School Year \_\_\_\_\_

Student Name \_\_\_\_\_  
First Middle Last Name called

Birth Date \_\_\_\_\_ Birth Place \_\_\_\_\_ SS# \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Ph# \_\_\_\_\_ Student Cell # \_\_\_\_\_

Student Email \_\_\_\_\_

Present Grade \_\_\_\_\_ Present School \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Previous School Attended \_\_\_\_\_

School Name \_\_\_\_\_ Dates Attended \_\_\_\_\_

### **Parent Information**

**Father's** Full Name \_\_\_\_\_

Home Address (if different from student's) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Ph# \_\_\_\_\_

Email \_\_\_\_\_ Cell# \_\_\_\_\_

Occupation \_\_\_\_\_ Work Ph# \_\_\_\_\_

Employer \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Mother's** Full Name \_\_\_\_\_

Home Address (if different from student's) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Ph# \_\_\_\_\_

Email \_\_\_\_\_ Cell# \_\_\_\_\_

Occupation \_\_\_\_\_ Work Ph# \_\_\_\_\_

Employer \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parents' Marital Status: \_\_\_ parents married \_\_\_ parents separated \_\_\_ parents divorced  
\_\_\_ mother remarried \_\_\_ mother deceased \_\_\_ father remarried \_\_\_ father deceased

With whom will the applicant live? \_\_\_\_\_ Relationship \_\_\_\_\_

If parents are separated or divorced, is legal custody with  mother,  father  split?

Please answer the following questions:

- What is your child's academic strength(s)? \_\_\_\_\_
- In the area of academics, what is your child's greatest area of need? \_\_\_\_\_
- What motivates your child? \_\_\_\_\_
- Are there any unusual factors in your child's life? (Frequent change of schools, serious illness, etc?) \_\_\_\_\_
- Has your child ever been assessed with having special education needs, i.e., IEP, 504, etc., or been diagnosed with a learning disability?  Yes  No
- Does your child have any medical conditions or physical limitations that you want to share with us?  Yes  No
- Has your child ever been suspended or dismissed for disciplinary reasons?  Yes  No

**If the answer is yes to any of the above, please explain:**

\_\_\_\_\_

Please give a brief statement addressing your reasons for seeking enrollment for your child at WVCS.

\_\_\_\_\_

***Emergency Information:***

In the event that my child \_\_\_\_\_ becomes ill or sustains an injury while in the care of West Valley Christian School (WVCS), I authorize WVCS personnel to render whatever first aid is deemed necessary. If required, I authorize said person to seek, and I consent to, medical treatment from any licensed physician for the relief of pain and to preserve my child's life and health.

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

Date \_\_\_\_\_

Special Medical Needs (e.g. allergies) \_\_\_\_\_

Is your child on medication? Yes  No  Reason \_\_\_\_\_

**In an emergency, e.g., illness, parents will be notified first.** In case parents are not available, I authorize the following two people to pick up my child from school:

\_\_\_\_\_

Name, relationship, and phone number (please include area code).

\_\_\_\_\_

Name, relationship, and phone number (please include area code).

**Person(s) authorized to pick up my child at the end of the school day, if different from names above.**

\_\_\_\_\_

Name, relationship, and phone number (please include area code).

\_\_\_\_\_

Name, relationship, and phone number (please include area code).

**Please provide legal documentation for any parent or family member(s) NOT authorized to pick up child(ren).**

*I/we understand that my/our child's likeness may be photographed or videotaped by the school in the course of school activities. I/we hereby give consent for the school to use my/our child's likeness in promotional and/or advertising materials.*

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

**Person Responsible for Billing** (if different from mother/father)

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Email \_\_\_\_\_ Cell# \_\_\_\_\_  
Address \_\_\_\_\_ Home Ph# \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Step Parent/Guardian Information** (will be allowed to pick up student)

**Stepfather's** Full Name \_\_\_\_\_  
Work Ph# \_\_\_\_\_ Cell Ph# \_\_\_\_\_ Email \_\_\_\_\_  
Employer \_\_\_\_\_ Occupation \_\_\_\_\_

**Stepmother's** Full Name \_\_\_\_\_  
Work Ph# \_\_\_\_\_ Cell Ph# \_\_\_\_\_ Email \_\_\_\_\_  
Employer \_\_\_\_\_ Occupation \_\_\_\_\_

**Brothers and Sisters**

Name/Age	School	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Student Ethnicity:** \_\_\_ African American \_\_\_ Asian \_\_\_ Hispanic \_\_\_ Multiracial  
\_\_\_ Native American \_\_\_ White \_\_\_ Other

**Family Church Information**

Church Name: \_\_\_\_\_ Member? \_\_\_\_\_  
\_\_\_ Not part of a church family \_\_\_ Please refer us to a church

**Additional Information - In order to keep grandparents informed about school activities, they will receive invitations to special events. Please list living grandparents and give their addresses.**

Grandparent \_\_\_\_\_ Ph# \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Grandparent \_\_\_\_\_ Ph# \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**How did you hear of our school, i.e., web site, Open House, other?** \_\_\_\_\_

**Were you referred to WVCS?** \_\_\_ yes \_\_\_ no (If yes, please provide the name of the person who referred you to WVCS): \_\_\_\_\_

**Is your mailing address different from your home address?**

Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## **STATEMENT OF FAITH**

We believe the Bible is the only inspired, infallible and authoritative Word of God. It is the complete and final revelation of God concerning all matters of faith, trust and practice, and provides the standard for a Godly life. (II Tim. 3:16; II Pet. 1:21; Phil. 4:8) We believe in one God, eternally existent in three persons: Father, Son and Holy Spirit; we believe that God is sovereign in all affairs of mankind and has been throughout history. (Gen. 1:1; John 10:30, 37-38; Rev. 1:8)

We believe that mankind was created in the image of God. (Gen 1:26-27)

We believe in the deity of the Lord Jesus Christ, His virgin birth and His sinless life. Jesus Christ is the one who came to redeem and restore mankind to a proper relationship with God through His vicarious death and atonement for sin by the shedding of His blood, and through His bodily resurrection. We believe that He has ascended into Heaven to sit at the right hand of the Father and one day will visibly return in power and glory. (Isa. 7:14; Matt. 1:23; Luke 1:35; Heb. 7:25; John 2:11; Heb. 9:12; Eph. 1:7; Col. 1:14; Jn. 11:25; Acts 1:11; Rev. 19:11-16)

We believe that regeneration by the Holy Spirit is necessary for salvation. God in the person of the Holy Spirit dwells within each individual who believes in Jesus Christ as the only begotten Son of God, repents of his/her sin, confesses Jesus as Lord and Savior, and is baptized into Jesus Christ. (John 3:16-19; Rom. 3:23)

We believe in Heaven and Hell: that Heaven is a place of eternal life and bliss with our Savior, the Lord Jesus Christ, and that Hell is a place of eternal death and separation from God for those who have rejected God's only begotten Son. (Rev. 20:11-21:8; II Thess. 1:3-12). We believe in the spiritual unity of all believers in the Lord Jesus Christ and in maintaining proper relationships between the home, church and school. For example, we follow the principles of Matthew 18 in the resolution of all school related matters. (Matt. 18:15-19; Heb. 12:10-11; Col. 3:12-14)

### ***IN MAKING THIS APPLICATION, I UNDERSTAND THAT:***

- 1. I agree to read all published school policies and regular communications and to comply with all WVCS policies, including the standards of conduct and discipline. I understand this includes emails and online resources.**
- 2. Administration has full responsibility for placing my child in the proper grade and/or course, as determined by testing and evaluation.**
- 3. My cooperation is expected in: a) timely payment of tuition and fees, b) fund raising, c) monthly purchase of \$200 in scrip, d) recommended practical help, e) homework, and f) faithful prayer.**
- 4. WVCS reserves the right to dismiss any student or family who does not respect our spiritual standards or cooperate in the educational process.**
- 5. West Valley Christian Church is the parent organization of the school ministry and as such will be provided with family name and address information for the mailing of church newsletters.**
- 6. Falsification of information or failure to include information critical to an enrollment decision will be considered grounds for not accepting a student or for withdrawing a student who has been accepted.**
- 7. Name, address, email and phone numbers may be used for a Class Roster.**

Your signature indicates the information in the enrollment application is correct, you have read and agree with the philosophy and policies in the Student Handbook, and that you are under no financial obligations to any former school. Final grade/course placement is subject to administrative approval, satisfactory completion of present grade, and verification of records/credits from previous school(s).

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Signature of Father/Guardian

Date

Signature of Mother/Guardian

Date

*West Valley Christian School (WVCS) does not discriminate on the basis of race, color, sex, or national or ethnic origin in the admission of students.*