



**WHITTIER CHRISTIAN
HIGH SCHOOL**
EQUIPPING THE MIND & SPIRIT

ADMISSION APPLICATION

OFFICE USE ONLY

Date Received _____

School _____

Paid \$ _____ Interview Reminder

Check # _____ Cash Test Reminder

This page to be completed by PARENT or GUARDIAN: Student's Personal Information

STUDENT NAME: FIRST MIDDLE LAST
(Full Legal Name as shown on birth certificate)

STREET ADDRESS APT #

CITY STATE ZIP CODE

HOME PHONE () SOCIAL SECURITY NUMBER
[][][] - [][][] - [][][][]

UNITED STATES CITIZEN? YES NO IF NO, CITIZEN OF _____

PLACE OF BIRTH: CITY STATE COUNTRY

LANGUAGES SPOKEN AT HOME:
PRIMARY LANGUAGE _____ SECONDARY LANGUAGE _____

U.S. Citizen Student Male
 International Student Female

GRADE Applying For:
 9 10 11 12

SEMESTER Applying For:
 Fall Semester Spring Semester

Date of Birth: ____ / ____ / ____
Month Day Year

Present Grade Level:
 8 9 10 11 12

Student's Ethnic Identity (Optional):
This information will be used for purposes for statistical analysis only. It is not used in the admission process and will have no bearing on the student's Admission status.

- African American / Black
- Asian or Pacific Islander
- Caucasian / White
- Latino / Hispanic
- Other _____

STUDENT LIVES WITH: Both Parents Father & Stepmother Guardian
 Father Only Mother & Stepfather Host Family
 Mother Only

FATHER'S NAME FIRST LAST

ADDRESS (If Different Than Student's) STREET ADDRESS CITY STATE ZIP CODE

HOME PHONE CELL PHONE WORK PHONE E-MAIL ADDRESS
() () ()

MOTHER'S NAME FIRST LAST

ADDRESS (If Different Than Student's) STREET ADDRESS CITY STATE ZIP CODE

HOME PHONE CELL PHONE WORK PHONE E-MAIL ADDRESS
() () ()

INTERNATIONAL STUDENT INFORMATION

AMERICAN NAME DATE STUDENT ENTERED THE UNITED STATES ____ / ____ / ____
MONTH DAY YEAR

CURRENT VISA STATUS (CHECK ONE): F1 (STUDENT VISA) B1/B2 (VISITOR VISA) OTHER _____ DOES THE STUDENT HAVE A PERMANENT RESIDENT CARD OR GREEN CARD? YES NO

GUARDIAN'S NAME WHO IS LIVING WITH OR WILL LIVE WITH STUDENT: MR. FIRST LAST FAMILY MEMBER _____
 MRS. FRIEND OF FAMILY

STREET ADDRESS CITY STATE ZIP CODE

HOME PHONE CELL PHONE WORK PHONE E-MAIL ADDRESS
() () ()

This page to be completed by PARENT or GUARDIAN: Student's Personal Information (cont.)

NAMES & AGES OF BROTHERS AND SISTERS		
BROTHERS AND SISTERS THAT ATTEND OR HAVE ATTENDED WCHS (NAMES & GRADUATING YEARS)		
IS EITHER PARENT OR GUARDIAN AN ALUMNUS OF WCHS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE LIST NAME AND YEAR OF GRADUATION		
PLEASE CHECK THE 3 FACTORS MOST INFLUENCING YOU IN PURSUING WCHS:		
<input type="checkbox"/> QUALITY CHRISTIAN EDUCATION	<input type="checkbox"/> ACADEMIC REPUTATION	<input type="checkbox"/> DISPLEASURE WITH PUBLIC SCHOOLS
<input type="checkbox"/> RECOMMENDATION OF WCHS FAMILIES	<input type="checkbox"/> DESIRE TO ATTEND PRIVATE SCHOOL	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> STRENGTH OF EXTRACURRICULAR PROGRAMS (I.E. ATHLETICS, PERFORMING ARTS, ETC.)		

CHURCH AFFILIATION AND RELATED INFORMATION		
NAME OF CHURCH YOU ATTEND (PARENT OR GUARDIAN)	PASTOR	
CHURCH PHONE ()	CHURCH FAX NUMBER ()	E-MAIL ADDRESS
FREQUENCY OF CHURCH ATTENDANCE		
FATHER / GUARDIAN	<input type="checkbox"/> REGULARLY (3-4 Times a Month)	<input type="checkbox"/> OCCASIONALLY (At least Once a Month)
MOTHER / GUARDIAN	<input type="checkbox"/> REGULARLY (3-4 Times a Month)	<input type="checkbox"/> OCCASIONALLY (At least Once a Month)
		<input type="checkbox"/> SELDOM (Less Than Once a Month)

STUDENT'S ACADEMIC INFORMATION			
CURRENT SCHOOL	CURRENT GRADE LEVEL	START DATE	
SCHOOL'S MAILING ADDRESS	CITY	STATE	ZIP CODE
SCHOOL PHONE ()	SCHOOL FAX NUMBER ()	E-MAIL ADDRESS	
PRINCIPAL'S NAME	COUNSELOR'S NAME		
LIST OTHER SCHOOLS ATTENDED WITHIN THE PAST THREE (3) YEARS			
NAME OF SCHOOL _____	DATES ENROLLED: _____ / _____ / _____ TO _____ / _____ / _____		
CITY _____	GRADE LEVEL(S): _____		
NAME OF SCHOOL _____	DATES ENROLLED: _____ / _____ / _____ TO _____ / _____ / _____		
CITY _____	GRADE LEVEL(S): _____		
DOES THE APPLICANT HAVE ANY PHYSICAL, MEDICAL OR LEARNING DISABILITY OF WHICH WE SHOULD BE AWARE ? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE SPECIFY:			

STUDENT'S BEHAVIORAL INFORMATION		
HAS YOUR STUDENT EVER BEEN EXPELLED FROM ANY SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN? _____ / _____ / _____	IF YES, PLEASE EXPLAIN:	
HAS YOUR STUDENT EVER BEEN SUSPENDED FROM ANY SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN? _____ / _____ / _____	IF YES, PLEASE EXPLAIN:	
HAS YOUR STUDENT EVER BEEN ASKED TO WITHDRAW FROM ANY SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN? _____ / _____ / _____	IF YES, PLEASE EXPLAIN:	
HAS YOUR STUDENT EVER BEEN ARRESTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	ON PROBATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE EXPLAIN:
IF YES, WHEN? _____ / _____ / _____	IF YES, WHEN? _____ / _____ / _____	

This page to be completed by STUDENT: Student's Section

STUDENT NAME	FIRST	MIDDLE INITIAL	LAST	NICKNAME
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CHURCH AFFILIATION AND RELATED INFORMATION

NAME OF CHURCH YOU ATTEND		NAME OF PASTOR WHO KNOWS YOU BEST		
CHURCH PHONE ()	CHURCH FAX NUMBER ()	E-MAIL ADDRESS		
CHURCH ADDRESS	CITY	STATE	ZIP CODE	
FREQUENCY OF CHURCH ATTENDANCE: <input type="checkbox"/> REGULARLY (3-4 Times a Month) <input type="checkbox"/> OCCASIONALLY (At least Once a Month) <input type="checkbox"/> SELDOM (Less Than Once a Month)				
HAVE YOU ACCEPTED JESUS CHRIST AS YOUR LORD AND SAVIOR? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DESCRIBE HOW YOU ACCEPTED CHRIST AND APPROXIMATELY WHEN _____ _____ _____				
IF NO, WOULD YOU LIKE TO KNOW MORE ABOUT INVITING JESUS CHRIST INTO YOUR LIFE AS YOUR PERSONAL LORD AND SAVIOR? <input type="checkbox"/> YES <input type="checkbox"/> NO				
HOW OFTEN DO YOU READ THE BIBLE? <input type="checkbox"/> DAILY <input type="checkbox"/> 3-4 TIMES A WEEK <input type="checkbox"/> ONCE A WEEK <input type="checkbox"/> SELDOM <input type="checkbox"/> NEVER				
HOW WOULD YOU DESCRIBE YOUR RELATIONSHIP WITH JESUS CHRIST AT THIS POINT IN YOUR LIFE? _____ _____				
DO YOUR FRIENDS KNOW THAT YOU HAVE MADE A COMMITMENT TO CHRIST? <input type="checkbox"/> YES <input type="checkbox"/> NO				
DESCRIBE YOUR AREAS OF INVOLVEMENT AT CHURCH _____ _____ _____				

STUDENT'S ACADEMIC GOALS AND INTERESTS

WHY DO YOU WANT TO ATTEND WCHS? _____ _____		
PLEASE CHECK THE 3 FACTORS MOST INFLUENCING YOU IN PURSUING WCHS:		
<input type="checkbox"/> QUALITY CHRISTIAN EDUCATION <input type="checkbox"/> ACADEMIC REPUTATION <input type="checkbox"/> DESIRE TO ATTEND PRIVATE SCHOOL <input type="checkbox"/> DISPLEASURE WITH PUBLIC SCHOOLS	<input type="checkbox"/> RECOMMENDATION OF WCHS FAMILIES <input type="checkbox"/> STRENGTH OF EXTRACURRICULAR PROGRAM (I.E. ATHLETICS, PERFORMING ARTS, ETC.) <input type="checkbox"/> OTHER _____	
PLEASE CHECK THE EXTRACURRICULAR ACTIVITIES YOU HAVE AN INTEREST IN		
<input type="checkbox"/> ATHLETICS — PLEASE LIST SPORTS _____ _____ _____	<input type="checkbox"/> BAND <input type="checkbox"/> CHOIR <input type="checkbox"/> DRAMA <input type="checkbox"/> STUDENT LEADERSHIP	<input type="checkbox"/> OTHER — PLEASE LIST _____ _____ _____

(continued on reverse side)

This page to be completed by STUDENT: Student's Section (continued)

BRIEFLY EXPLAIN YOUR COLLEGE PLANS OR POST GRADUATION GOALS

HAVE YOU EVER EXPERIMENTED WITH, OR DO YOU HAVE A HISTORY OF ALCOHOL OR ANY OTHER TYPE OF DRUG USE? YES NO
IF YES, PLEASE EXPLAIN THE HISTORY OF ALCOHOL AND DRUG USAGE, AS WELL AS YOUR CURRENT STATUS:

HOW DID YOU LEARN ABOUT WCHS?

- | | |
|--|--|
| <input type="checkbox"/> MY SIBLINGS ATTEND(ED) WCHS | <input type="checkbox"/> WCHS WEB SITE |
| <input type="checkbox"/> FRIENDS / NEIGHBORS | <input type="checkbox"/> CAMPUS SIGNS |
| <input type="checkbox"/> WCHS PARENTS | <input type="checkbox"/> DIRECT MAILINGS TO MY HOUSE |
| <input type="checkbox"/> OPEN HOUSE AT WCHS | <input type="checkbox"/> MY CHURCH |
| <input type="checkbox"/> WCHS VISITED MY JR. HIGH SCHOOL | <input type="checkbox"/> NEWSLETTER |
| <input type="checkbox"/> JR. HIGH VISITATION DAY AT WCHS | <input type="checkbox"/> OTHER _____ |

ADDITIONAL COMMENTS YOU MAY HAVE

Signatures

Parent / Guardian:

The above information is true and correct to the best of my knowledge. I willingly waive my right of access to see the recommendations when completed. Upon acceptance of my student, I hereby agree to accept all rules and regulations of the school and authorize the school to administer such disciplinary measures as may be deemed necessary and proper by the Administration. I agree to pay tuition and such fees as are chargeable according to the current schedule of Tuition and Fees.

Parent / Guardian Signature **X** _____ Date _____

Student:

If I am accepted as a student at Whittier Christian High School, I promise to abide by the rules of the school and to use my influence to protect the good name of the school, its buildings and property. The above information is true and correct to the best of my knowledge.

Student Signature **X** _____ Date _____

Non-Discrimination Policy

Whittier Christian High School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admission policy, scholarship and loan programs, and athletic and other school-administered programs.