



WHITTIER CHRISTIAN HIGH SCHOOL

ADMISSION APPLICATION

OFFICE USE ONLY

Date Received _____

School _____

Paid \$ _____

Check # _____ Cash

This page to be completed by PARENT or GUARDIAN

STUDENT NAME: (FULL Legal Name as shown on birth certificate)	FIRST	MIDDLE	LAST
STREET ADDRESS			APT #
CITY		STATE	ZIP CODE
HOME PHONE NUMBER		STUDENT'S EMAIL ADDRESS	
<input type="checkbox"/> Male <input type="checkbox"/> Female			
PLACE OF BIRTH:	CITY	STATE	COUNTRY
LANGUAGES SPOKEN AT HOME: PRIMARY LANGUAGE _____ SECONDARY LANGUAGE _____			

US CITIZEN
GRADE Applying For: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
SEMESTER Applying For: <input type="checkbox"/> Fall Semester <input type="checkbox"/> Spring Semester
Date of Birth: ____ / ____ / ____
Present Grade Level: <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
Student's Ethnic Identity (Optional): <small>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.</small>
1. <input type="checkbox"/> African American / Black
2. <input type="checkbox"/> Asian Indian
3. <input type="checkbox"/> Caucasian / White
4. <input type="checkbox"/> Chinese
5. <input type="checkbox"/> Filipino
6. <input type="checkbox"/> Japanese
7. <input type="checkbox"/> Korean
8. <input type="checkbox"/> Latino / Hispanic
9. <input type="checkbox"/> Vietnamese
10. <input type="checkbox"/> Other (specify) _____

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

FATHER'S NAME	FIRST	LAST
ADDRESS (If Different Than Student's)	CITY	STATE ZIP CODE
CELL PHONE ()	WORK PHONE ()	E-MAIL ADDRESS
MOTHER'S NAME	FIRST	LAST
ADDRESS (If Different Than Student's)	CITY	STATE ZIP CODE
CELL PHONE ()	WORK PHONE ()	E-MAIL ADDRESS

PARENT QUESTIONS
WHAT ARE YOUR TOP 2 GOALS FOR YOUR STUDENT DURING HIGH SCHOOL?
LIST YOUR STUDENTS MAJOR ACCOMPLISHMENTS AND/OR AWARDS RECEIVED THEIR PREVIOUS 2 YEARS OF SCHOOL?

This page to be completed by PARENT or GUARDIAN

STUDENT'S ACADEMIC INFORMATION

CURRENT SCHOOL	CURRENT GRADE LEVEL	START DATE
SCHOOL'S MAILING ADDRESS	CITY	STATE ZIP CODE
SCHOOL PHONE	E-MAIL	
PRINCIPAL'S NAME	COUNSELOR'S NAME	

LIST OTHER SCHOOLS ATTENDED WITHIN THE PAST 3 YEARS

NAME OF SCHOOL _____ DATES ENROLLED: ____ / ____ / ____ to ____ / ____ / ____

CITY _____ GRADE LEVEL(S) _____

NAME OF SCHOOL _____ DATES ENROLLED: ____ / ____ / ____ to ____ / ____ / ____

CITY _____ GRADE LEVEL(S) _____

Has your student experienced any emotional or learning difficulties of which we should be aware of? YES NO
 If yes, please explain and submit a copy of the most recent Psycho-Educational Assessment and an IEP (if applicable):

STUDENT'S BEHAVIORAL INFORMATION

HAS YOUR STUDENT EVER BEEN EXPELLED OR ASKED TO WITHDRAW FROM ANY SCHOOL? YES NO if YES, WHEN? ____ / ____ / ____
 IF YES, PLEASE EXPLAIN:

HAS YOUR STUDENT EVER BEEN SUSPENDED FROM ANY SCHOOL? YES NO if YES, WHEN? ____ / ____ / ____
 IF YES, PLEASE EXPLAIN:

CHURCH AFFILIATION AND RELATED INFORMATION

NAME OF CHURCH YOU ATTEND (PARENT OR GUARDIAN)	CITY	PASTOR
CHURCH PHONE ()	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)
		<input type="checkbox"/> SELDOM (Less Than Once a Month)

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? YES NO IF YES, PLEASE LIST NAME AND YEAR OF GRADUATION

PLEASE CHECK THE 3 FACTORS MOST INFLUENCING YOU IN PURSUING WCHS:

- QUALITY CHRISTIAN EDUCATION ACADEMIC REPUTATION DISPLEASURE WITH PUBLIC SCHOOLS
- RECOMMENDATION OF WCHS FAMILIES DESIRE TO ATTEND PRIVATE SCHOOL OTHER _____
- STRENGTH OF EXTRACURRICULAR PROGRAMS (I.E. ATHLETICS, PERFORMING ARTS, ETC.)

This page to be completed by the STUDENT in their own handwriting

STUDENT'S NAME FIRST	MIDDLE	LAST	DATE OF BIRTH ____/____/____ MONTH DAY YEAR
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STUDENT QUESTIONS

WHY DO YOU WANT TO ATTEND WCHS?

PLEASE CHECK THE EXTRACURRICULAR ACTIVITIES YOU HAVE AN INTEREST IN:

- BAND CHOIR DANCE ROBOTICS STUDENT LEADERSHIP THEATRE VISUAL ARTS
- ATHLETICS—PLEASE LIST SPORTS _____
- STUDENT CLUBS/ OTHER—PLEASE LIST _____

WHAT DO YOU THINK WILL BE MOST CHALLENGING TO YOU AS YOU TRANSITION TO WCHS?

WHAT DO YOU CONSIDER YOUR GREATEST STRENGTHS?

STUDENT'S SPIRITUAL LIFE

ARE YOU A CHRISTIAN? YES NO

IF YES, DESCRIBE HOW YOU ACCEPTED CHRIST AND APPROXIMATELY WHEN:

IF NO, PLEASE EXPLAIN YOUR INTEREST IN ATTENDING A FAITH-BASED CHRISTIAN HIGH SCHOOL:

HOW WOULD YOU DESCRIBE YOUR RELATIONSHIP WITH JESUS CHRIST AT THIS POINT IN YOUR LIFE?

HOW OFTEN DO YOU READ THE BIBLE?

NAME OF CHURCH YOU ATTEND

NAME OF PASTOR/ LEADER AT CHURCH WHO KNOWS YOU BEST

CHURCH PHONE
()

CITY

EMAIL

FREQUENCY OF CHURCH ATTENDANCE:

- REGULARLY (3-4 times a month) OCCASIONALLY (at least once a month) OCCASIONALLY (less than once a month)




DESCRIBE YOUR AREAS OF INVOLVEMENT AT CHURCH

This page to be completed by the STUDENT in their own handwriting

BRIEFLY EXPLAIN YOUR COLLEGE PLANS . ARE THERE ANY PROFESSIONS OR VOCATIONS YOU ARE INTERESTED IN?

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 WEBSITE |
| <input type="checkbox"/> FRIENDS / NEIGHBORS | <input type="checkbox"/> SOCIAL MEDIA  FACEBOOK  INSTAGRAM  TWITTER |
| <input type="checkbox"/> WCHS PARENTS | <input type="checkbox"/> CAMPUS SIGNS |
| <input type="checkbox"/> PREVIEW NIGHT AT WCHS | <input type="checkbox"/> DIRECT MAILINGS TO MY HOUSE |
| <input type="checkbox"/> WCHS VISITED MY JR. HIGH SCHOOL | <input type="checkbox"/> MY CHURCH |
| <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.