



## The Washington New Church School

11914 Chantilly Lane, Mitchellville, MD 20721

301-464-5602, Fax: 301-805-8835

[www.theWNC.org](http://www.theWNC.org)

# Application for Admission

Student Name: \_\_\_\_\_

Applying to enter Grade: \_\_\_\_\_ School Year: \_\_\_\_\_

*Application Fee: \$100 (please make your check payable to Washington Church of the New Jerusalem - WCNJ) and attach it to your application.*

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**Applicant Information**

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Student's Legal Name: Last, First, Middle

Birth date

\_\_\_\_/\_\_\_\_/\_\_\_\_

Month/Day/Year  
(Include a copy of Birth  
Certificate with  
application)

Preferred Name:

Sex:  M  F

U.S. Citizenship

 Yes  No

Student's Home Address:

Street:

City:

State:

Zip:

**Student Resides with:** Biological Parents  Father  Mother  Adoptive  Parent 1 & 2 Biological Parent & Step Parent  Grandparent(s)  Guardian(s)*For separate families please answer the questions on the back of this application***Cell Phone:****Home Phone:**

To whom should correspondence be directed? \_\_\_\_\_ Preferred method of communication: Phone? Email? Text?

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**Parent/Guardian Information**

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**Parent 1**

(Dr./Mr./Mrs./Ms)

Preferred Name:

Home Address:

Street:

City:

State:

Zip:

Home phone:

Cell phone:

Business phone:

Occupation:

Employer:

Location:

**Email:****Parent 2**

(Dr./Mr./Mrs./Ms)

Preferred Name:

Home Address:

Street:

City:

State:

Zip:

Home phone:

Cell phone:

Business phone:

Occupation:

Employer:

Location:

**Email:**

**Schools Previously Attended** (Most Recent First)(Please list any additional schools on the back.)

School: \_\_\_\_\_ City/State: \_\_\_\_\_ Dates: \_\_\_\_\_

School: \_\_\_\_\_ City/State: \_\_\_\_\_ Dates: \_\_\_\_\_

**Other Useful Information:**

Religious Affiliation (If any)

Does your child have a health condition which requires medical treatment or supervision during the school day?

If so, please describe: \_\_\_\_\_

\_\_\_\_\_

List any medications that your child takes regularly: \_\_\_\_\_

Has your child been evaluated or diagnosed by a physician or other professional regarding any of the following:  Speech Impediment  Physical Limitation

Learning Challenge  Psychological Problem

If yes, please describe briefly (include physician's name and date): \_\_\_\_\_

Please submit a copy of any evaluation with this application.

Is there anything else you would like us to know about your child? \_\_\_\_\_

\_\_\_\_\_

*Are you interested in after care for your child? \_\_\_\_\_Yes \_\_\_\_\_No*

**BILLING:** Invoices are sent by email unless you request otherwise.

Check here to request billing documents to be sent through the regular mail

***Please Note:*** All applications are due to the secretary before April 30, 2017. Jr. Kindergarten, Kindergarten applications are due by August 1, 2017.

Your official application process begins with the submission of this document and with the \$100 non-refundable application fee payable to: The Washington Church of the New Jerusalem "WCNJ"

*We look forward to getting to know you and working with you through the application process. We believe parents and teachers are all in a partnership with the Lord for a child's education.*

**Separate Families information:**

Please provide the names of anyone who shares custody of the child:

(NAME:): \_\_\_\_\_ (Relationship to the child:): \_\_\_\_\_

*(If not already listed on page 2)* (Address:): \_\_\_\_\_

(Home phone:): \_\_\_\_\_ (Cell:): \_\_\_\_\_ (Email:): \_\_\_\_\_

Does child's address change throughout the school year?  Yes  No

<b>For Office Use Only</b>	
Application received by:	Date:
Application fee received by: (cash/ck?)	Date:
Response letter sent:	Date:
Additional documents attached? (list)	