

APPLICATION FORM FOR RETURNING STUDENTS* Due April 29, 2016 with \$25 application fee[†]

STUDENT'S NAME _____

PARENT/GUARDIAN _____

Please fill in the following so that we have your current information.

HOME ADDRESS:

EMAIL: PHONES: Home: Business: Cell:

CHANGES IN MEDICAL STATUS OR ACADEMIC CONCERNS (since 9/2015):

Please note below if there is any other information you would like us to have.

Parent or Guardian Signature

Date: _____

 Fee Paid: Y/N _____
 Date Paid: _____ (check/cash)

*Please note: this application does not assure enrollment. As usual, the student's "fit" and potential for success at WNCS will also be considered before a decision is made. If there are any questions about these issues you will be contacted before your application is processed.

†The application fee of \$25.00 for each child is non-refundable

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