



NEW STUDENT Enrollment Form 2023-2024

Date _____

WESTSIDE CHRISTIAN ACADEMY

554 Pinewood Road Sumter, SC 29154 803-775-4406

Student's Name _____
Last First Middle Goes By

Grade Entering _____ Any Grade Repeated? ___ Yes ___ No Age _____ Birth Date _____ Gender _____

Student's Address _____ Phone _____
Street City/State/Zip Code

Church where student attends _____

Student Lives With (check all that apply)

- Both parents
- Father is deceased
- Father has custody
- Mother is deceased
- Mother has custody
- Other (please explain) _____
- Parents are divorced
- Student is adopted
- Parents are separated
- Student lives with grandparents
- Grandparents have custody

****If someone other than the parents have custody of student, WCA requires a copy of guardianship papers. Likewise, WCA requires copy of custody agreements/court orders for divorced parents.**

Father's Name _____
Last First Middle

Title _____ Email Address _____ Cell # _____
Mr./Rev./Dr. ***Required

Social Security # _____ Work Phone _____
***Required

Employer _____
Address (if different from student) _____
Street City/State/Zip Code

Allowed to pick up student Emergency Contact Church _____

Mother's Name _____ Title _____
Last First Middle Ms./Mrs./ Rev./Dr.

Social Security # _____ Email Address _____ Cell # _____
***Required ***Required

Address (if different from student) _____
Street City/State/ Zip Code

Employer _____ Work Phone _____

Allowed to pick up student Emergency Contact Church _____

| OFFICE USE ONLY | |
|--|-------|
| Date received | _____ |
| Payment \$ | _____ |
| Ck # | _____ |
| Staff Initials | _____ |
| ***** | |
| <input type="checkbox"/> Copy of Birth Certificate | |
| <input type="checkbox"/> SC Immunization Record | |
| <input type="checkbox"/> DSS Form | |
| <input type="checkbox"/> Meds Form | |
| <input type="checkbox"/> Transcript Requested | |
| <input type="checkbox"/> Testing fee paid | |
| <input type="checkbox"/> Testing scheduled | |
| <input type="checkbox"/> W letter | |

Student Academic Information

Last School Attended _____ Grade _____

Address _____ Phone _____
Street City/State/Zip Code

Fax _____ Contact Name _____

Has student ever been referred for academic evaluation? ___ Yes ___ No If so, please provide WCA with a complete copy of evaluation.

Does student have any known learning disabilities or behavioral problems such as ADD or ADHD? ___ Yes ___ No
If so, please describe.

Has student ever been suspended or dismissed from school for academic, disciplinary or other reasons? ___ Yes ___ No If yes, please explain:

Emergency/Medical Contact Information (other than parents)

Name _____ Relationship _____

Address _____ Phone _____
Street City/State/Zip Code

Cell # _____ Business Phone _____

Name _____ Relationship _____

Address _____ Phone _____
Street City/State/Zip Code

Cell # _____ Business Phone _____

Name _____ Relationship _____

Address _____ Phone _____
Street City/State/Zip Code

Cell # _____ Business Phone _____

Name _____ Relationship _____

Address _____ Phone _____
Street City/State/Zip Code

Cell # _____ Business Phone _____

Authorized Pick Up/Contact Information (the following people are authorized to pick my child from school)

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Permission to Photograph/Video

WCA often uses student pictures in our various publications (i.e. Family Portal, WBC bulletin, yearbook and website). If you prefer that your child **NOT** be photographed or videotaped, please inform the school in writing of your wishes.

Medical Information

Allergies _____

If student has an allergy that requires an *Epi-Pen* or any medications that need to be taken at school, you **MUST** see the health room attendant to complete the necessary forms.

Any physical health problems? Yes No If yes, please explain _____

Is student on any medication? Yes No Type and dosage: _____

Physician _____ Phone # _____

Has student ever consulted, or been referred to a psychiatrist, psychologist, or psychiatric social worker for professional assistance?

Yes No If yes, please explain _____

Please provide the health room attendant and teacher with any additional information regarding the health and well-being that will assist WCA in caring for your child. Any known fears/phobias, i.e. closed spaces, spiders, heights, etc.

Medical Consent

In the event of an emergency, and parents cannot be contacted or contact persons cannot be reached, I authorize and direct Westside Christian Academy staff to seek emergency treatment for my child and send my child by ambulance, (properly accompanied) to the hospital, doctor or medical facility deemed necessary.

Yes No Parent's Signature _____ Date _____

Parent's Name _____ Please print Student's Name _____ Please print

How did you hear about WCA: Radio Sumter Living The Item Shaw News Friend/Acquaintance

Other: _____

| |
|---------------------------|
| Referred to WCA by: _____ |
|---------------------------|

Statement of Nondiscrimination

WCA admits students of any race, color, national or ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at Westside Christian Academy. It does not discriminate based on race, color, national or ethnic origin in administration of its educational policies, admission policies, athletics, and other administered programs, particularly in regard to employment and student admission policies, procedures, and practices.

Please refer to cover letter for fees and documents that must accompany student's enrollment form.

Physical Examination

Student: _____

Grade: _____ Date: _____

Code: Satisfactory: X Needs Observation: XX Needs Immediate Attention:
C Correction of Defect

Nutrition: _____

Posture: _____

Gate: _____

Musculature: _____

Skin: _____

Scalp: _____

Eyes: _____ Ears: _____

Nose: _____

Mouth, Gums: _____

Speech: _____ Teeth: _____

Throat: _____

Lymph Nodes: _____ Thyroid: _____

Heart: _____

Lungs: _____ Abdomen: _____

Bones & Joints: _____

Feet: _____

Hemoglobin: _____

Urinalysis: _____

Should Physical Activity Be Restricted? _____

Parent Present: _____

Examining Physician