

**APPLICATION FOR ADMISSION
to
Westover Christian Academy
Enrichment Center**

Office Use Only: <input type="checkbox"/> referral/ request <input type="checkbox"/> application <input type="checkbox"/> acceptance <input type="checkbox"/> financial agreement

Name _____ Age ____ Date of Birth _____ Grade _____
 Address _____ City _____ State ____ Zip _____
 Parent's Name _____ Home Phone _____
 Cell # _____ Work Phone _____
 E-mail _____ E-mail checked regularly ? Yes/ No
 Please indicate your preference for communication. Call home/ call work/ e-mail/ notes/ mail
 Emergency Contact _____ Phone _____

Desire to enroll is based on: _____ teacher referral _____ parental request

TYPE OF ENRICHMENT CENTER SERVICE REQUESTED:

- _____ IEP (Individual Educational Plan) formulation and monitoring
- _____ Tutorial Services:
 - _____ Full-time (3-4 days per week) _____ Part-time (2 days per week)
 - _____ Passport Reading
 - _____ Enrichment Class
- _____ Grading period requested (circle one) 1st 2nd 3rd 4th 5th 6th

In what ways do you feel these services will add to your child's academic growth?

Please note any educational/psychological testing your child has received.

Please note any information concerning your child which may be helpful to the Enrichment Center staff in considering acceptance in the program. (ADD/ADHD diagnosis or medication?)

 Parent/ Guardian Signature

 Date

Reviewed by:

 Director of Elementary Education

 Director of Enrichment Services

 Educational Specialist