

WESTMINSTER SCHOOLS OF AUGUSTA
ADMISSION APPLICATION FOR GRADES PreK-5

3067 WHEELER ROAD • AUGUSTA, GEORGIA 30909

Admissions Office: 706-731-5260, ext. 2201 • FAX 706-261-7786 • WEB www.WSA.net

PLEASE ENCLOSE A \$75 APPLICATION FEE & COPY OF BIRTH CERTIFICATE

Applying for grade _____ Proposed year of entrance: 20____ – 20____ Present grade: _____ Gender: Boy Girl

Student's name _____ / _____ / _____
(ex. Jones, Kathryn Lynn) **Last** **First** **Middle** **Preferred name** (ex. Katie Lynn) **Date of Birth**

Street address _____ Home phone (____) _____

City _____ State _____ Zip _____ E-mail address _____
(Parents' preferred e-mail)

Current/Last school attended _____

Street address _____ City, ST, Zip _____

School telephone _____ School Head/Principal _____

Father's full name _____ **Preferred name** _____
(Mr., Dr., Rev., etc. ex. Mr. James Fletcher Bright) (ex. Jim, Jimmy, James)

Relation to student: Birth Father Stepfather Guardian Adoptive Father Other _____

Street address, City, ST, Zip _____

Home phone _____ Cell phone _____ E-mail _____

Business name _____ Occupation/position/title _____

Business address, City, ST, Zip _____ Bus. phone _____

Name of church _____ Member? Yes No

Mother's full name _____ **Preferred name** _____
(Mrs., Dr., Ms., etc. ex. Dr. Eleanor Wyatt Bright) (ex. Ellie, Eleanor, Elle)

Relation to student: Birth Mother Stepmother Guardian Adoptive Mother Other _____

Street address, City, ST, Zip _____

Home phone _____ Cell phone _____ E-mail _____

Business name _____ Occupation/position/title _____

Business address, City, ST, Zip _____ Bus. phone _____

Name of church _____ Member? Yes No

Applicant primarily resides with: Mother and Father Mother Father Legal Guardian Stepfather Stepmother

Please check all that apply: Father is deceased Mother is deceased Birth parents are divorced Birth parents are separated

Please list the **name, birth date, grade, and school** of all brothers and sisters of the applicant. Check below if also applying to Westminster.

_____ Applying to WSA?
_____ Applying to WSA?
_____ Applying to WSA?
_____ Applying to WSA?

FOR OFFICE USE Date received _____ Total paid \$ _____ Cash Check _____ Received by _____

PARENTS: Information on the reverse side is vital to help us place your child. All information will be treated confidentially and does not preclude consideration for admission. Please answer fully (use a separate sheet of paper if necessary) and to the best of your knowledge.

- Has the applicant ever been: **Suspended?** Yes No **Expelled?** Yes No **Asked to withdraw?** Yes No **Withdrawn mid-year by parent?** Yes No

If so, please give full particulars on a separate sheet of paper, including the date, school, address, and the principal's name and phone number.

- Has the applicant been tutored outside the regular classroom setting during the current or previous school year? Yes No (If yes, please explain)

- Does the applicant have any emotional or behavioral issues or disabilities? Yes No (If yes, please explain)

- Has the applicant ever been tested or evaluated for learning disabilities? Yes No (If yes, please explain)

- Please list applicant's medical conditions (allergies, asthma, epilepsy, eyes, ears, etc.). _____

- Do you have any other information that may assist us as we consider your child for admission? Use the space below or attachments if necessary. Please include any spiritual, emotional, academic, or medical information not stated elsewhere.

- Are there any characteristics or habits that you would like to have the school help to strengthen or change? _____

- How did you find out about Westminster? Who referred you? _____

- Why do you want your child to attend Westminster? _____

REQUIRED SIGNATURES & APPLICATION FEE

This application may only be submitted by the custodial parents or legal guardian of the applicant. It is understood that parents or guardians assume the responsibility for payment of all fees applicable to each school year, should their child be enrolled. The signatures below also certify that the applicant is of good character and agrees to abide by the regulations of the school.

Please include copies of your child's **certified birth certificate, any recent report cards, and standardized testing results from your personal files.** Although it is **your** primary responsibility to obtain all required documents, your signature also authorizes Westminster to contact your child's current and/or former school for teacher evaluations, recommendations, achievement tests, attendance and behavioral records, aptitude test results, transcripts and any additional information which will assist Westminster in its evaluation of your child.

This application will be processed when the admissions office receives the \$75 **application fee** paid in full, a photo copy of your child's certified **birth certificate**, the official **transcript**, and the **teacher recommendation** that you will request from the school or program your child attended last, using the forms provided by the Westminster admissions office, and any other reports requested above. Please return these to Westminster Schools, Admissions Office, 3067 Wheeler Road, Augusta, GA 30909.

Father/Legal Guardian signature: _____ **Date:** _____

Mother/Legal Guardian signature: _____ **Date:** _____

Westminster Schools of Augusta admits students to all programs available at the school and awards financial aid without regard to race, religion, color, and national or ethnic origin.