



WHITTIER CHRISTIAN HIGH SCHOOL

ADMISSION APPLICATION

OFFICE USE ONLY	
Date Received _____	<input type="checkbox"/> Interview _____
School _____	<input type="checkbox"/> Test _____
Paid \$ _____ <input type="checkbox"/> Cash	<input type="checkbox"/> Appt letter mailed
Check # _____	

This page to be completed by PARENT or GUARDIAN

STUDENT NAME: (FULL Legal Name as shown on birth certificate)	FIRST	MIDDLE	LAST
STREET ADDRESS			APT #
CITY	STATE	ZIP CODE	
HOME PHONE NUMBER	STUDENT'S EMAIL ADDRESS		
<input type="checkbox"/> Male <input type="checkbox"/> Female	SOCIAL SECURITY NUMBER <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
PLACE OF BIRTH:	CITY	STATE	COUNTRY
LANGUAGES SPOKEN AT HOME: PRIMARY LANGUAGE _____ SECONDARY LANGUAGE _____			

U.S. Citizen International Student

GRADE Applying For:
 9 10 11 12

SEMESTER Applying For:
 Fall Semester Spring Semester

Date of Birth: ____/____/____

Present Grade Level:
 8 9 10 11 12

Student's Ethnic Identity (Optional):
This information will be used for purposes for statistical analysis only. It is not used in the admission process and will have no bearing on the student's Admission status.

- African American / Black
- Asian Indian
- Caucasian / White
- Chinese
- Filipino
- Japanese
- Korean
- Latino / Hispanic
- Vietnamese
- Other (specify) _____

STUDENT LIVES WITH:

Both Parents
 Father & Stepmother
 Guardian
 Father Only
 Mother & Stepfather
 Host Family
 Mother Only

FATHER'S NAME	FIRST	LAST
ADDRESS (If Different Than Student's)	STREET ADDRESS	CITY STATE ZIP CODE
HOME PHONE	CELL PHONE	WORK PHONE E-MAIL ADDRESS
()	()	()
MOTHER'S NAME	FIRST	LAST
ADDRESS (If Different Than Student's)	STREET ADDRESS	CITY STATE ZIP CODE
HOME PHONE	CELL PHONE	WORK PHONE E-MAIL ADDRESS
()	()	()

INTERNATIONAL STUDENT INFORMATION

AMERICAN NAME	DATE STUDENT ENTERED THE UNITED STATES ____/____/____ MONTH DAY YEAR		
CURRENT VISA STATUS (CHECK ONE): <input type="checkbox"/> F1 (STUDENT VISA) <input type="checkbox"/> B1/B2 (VISITOR VISA) <input type="checkbox"/> OTHER _____	DOES THE STUDENT HAVE A PERMANENT RESIDENT CARD OR GREEN CARD? <input type="checkbox"/> YES <input type="checkbox"/> NO		
GUARDIAN'S NAME WHO IS LIVING WITH OR WILL LIVE WITH STUDENT:	<input type="checkbox"/> MR. FIRST LAST	<input type="checkbox"/> FAMILY MEMBER _____ <input type="checkbox"/> FRIEND OF FAMILY	
STREET ADDRESS	CITY	STATE	ZIP CODE
HOME PHONE	CELL PHONE	WORK PHONE	E-MAIL ADDRESS
()	()	()	

This page to be completed by PARENT or GUARDIAN

STUDENT'S ACADEMIC INFORMATION			
CURRENT SCHOOL	CURRENT GRADE LEVEL	START DATE	
SCHOOL'S MAILING ADDRESS	CITY	STATE	ZIP CODE
SCHOOL PHONE ()	SCHOOL FAX NUMBER ()	E-MAIL ADDRESS	
PRINCIPAL'S NAME	COUNSELOR'S NAME		
LIST OTHER SCHOOLS ATTENDED WITHIN THE PAST THREE (3) YEARS			
NAME OF SCHOOL _____	DATES ENROLLED: ____ / ____ / ____ TO ____ / ____ / ____		
CITY _____	GRADE LEVEL(S): _____		
NAME OF SCHOOL _____	DATES ENROLLED: ____ / ____ / ____ TO ____ / ____ / ____		
CITY _____	GRADE LEVEL(S): _____		
DOES THE APPLICANT HAVE ANY PHYSICAL, MEDICAL OR LEARNING DISABILITY OF WHICH WE SHOULD BE AWARE ? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE SPECIFY:			

STUDENT'S BEHAVIORAL INFORMATION		
HAS YOUR STUDENT EVER BEEN EXPELLED FROM ANY SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN? ____ / ____ / ____	IF YES, PLEASE EXPLAIN:	
HAS YOUR STUDENT EVER BEEN SUSPENDED FROM ANY SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN? ____ / ____ / ____	IF YES, PLEASE EXPLAIN:	
HAS YOUR STUDENT EVER BEEN ASKED TO WITHDRAW FROM ANY SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN? ____ / ____ / ____	IF YES, PLEASE EXPLAIN:	
HAS YOUR STUDENT EVER BEEN ARRESTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	ON PROBATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE EXPLAIN:
IF YES, WHEN? ____ / ____ / ____	IF YES, WHEN? ____ / ____ / ____	

CHURCH AFFILIATION AND RELATED INFORMATION		
NAME OF CHURCH YOU ATTEND (PARENT OR GUARDIAN)	PASTOR	
CHURCH PHONE ()	CHURCH FAX NUMBER ()	E-MAIL ADDRESS
FREQUENCY OF CHURCH ATTENDANCE		
FATHER / GUARDIAN	<input type="checkbox"/> REGULARLY (3-4 Times a Month)	<input type="checkbox"/> OCCASIONALLY (At least Once a Month)
MOTHER / GUARDIAN	<input type="checkbox"/> REGULARLY (3-4 Times a Month)	<input type="checkbox"/> OCCASIONALLY (At least Once a Month)
		<input type="checkbox"/> SELDOM (Less Than Once a Month)
		<input type="checkbox"/> SELDOM (Less Than Once a Month)

NAMES & AGES OF BROTHERS AND SISTERS
BROTHERS AND SISTERS THAT ATTEND OR HAVE ATTENDED WCHS (NAMES & GRADUATING YEARS)
IS EITHER PARENT OR GUARDIAN AN ALUMNUS OF WCHS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE LIST NAME AND YEAR OF GRADUATION
PLEASE CHECK THE 3 FACTORS MOST INFLUENCING YOU IN PURSUING WCHS:
<input type="checkbox"/> QUALITY CHRISTIAN EDUCATION <input type="checkbox"/> ACADEMIC REPUTATION <input type="checkbox"/> DISPLEASURE WITH PUBLIC SCHOOLS <input type="checkbox"/> RECOMMENDATION OF WCHS FAMILIES <input type="checkbox"/> DESIRE TO ATTEND PRIVATE SCHOOL <input type="checkbox"/> OTHER _____ <input type="checkbox"/> STRENGTH OF EXTRACURRICULAR PROGRAMS (I.E. ATHLETICS, PERFORMING ARTS, ETC.)

This page to be completed by the STUDENT in their own handwriting

BRIEFLY EXPLAIN YOUR COLLEGE PLANS OR POST GRADUATION GOALS

HAVE YOU EVER EXPERIMENTED WITH, OR DO YOU HAVE A HISTORY OF ALCOHOL OR ANY OTHER TYPE OF DRUG USE? YES NO
IF YES, PLEASE EXPLAIN THE HISTORY OF ALCOHOL AND DRUG USAGE, AS WELL AS YOUR CURRENT STATUS:

HOW DID YOU LEARN ABOUT WCHS?

- | | |
|--|--|
| <input type="checkbox"/> MY SIBLINGS ATTEND(ED) WCHS | <input type="checkbox"/> WCHS WEBSITE |
| <input type="checkbox"/> FRIENDS / NEIGHBORS | <input type="checkbox"/> CAMPUS SIGNS |
| <input type="checkbox"/> WCHS PARENTS | <input type="checkbox"/> DIRECT MAILINGS TO MY HOUSE |
| <input type="checkbox"/> PREVIEW NIGHT AT WCHS | <input type="checkbox"/> MY CHURCH |
| <input type="checkbox"/> WCHS VISITED MY JR. HIGH SCHOOL | <input type="checkbox"/> NEWSLETTER |
| <input type="checkbox"/> JR. HIGH VISITATION DAY AT WCHS | <input type="checkbox"/> OTHER _____ |

ADDITIONAL COMMENTS YOU MAY HAVE

Signatures

Parent / Guardian:

The above information is true and correct to the best of my knowledge. I willingly waive my right of access to see the recommendations when completed. Upon acceptance of my student, I hereby agree to accept all rules and regulations of the school and authorize the school to administer such disciplinary measures as may be deemed necessary and proper by the Administration. I agree to pay tuition and such fees as are chargeable according to the current schedule of Tuition and Fees.

Parent / Guardian Signature **X** _____ Date _____

Student:

If I am accepted as a student at Whittier Christian High School, I promise to abide by the rules of the school and to use my influence to protect the good name of the school, its buildings and property. The above information is true and correct to the best of my knowledge.

Student Signature **X** _____ Date _____

Non-Discrimination Policy

Whittier Christian High School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admission policy, scholarship and loan programs, and athletic and other school-administered programs.