

# Westmoreland Christian Academy

538 Rugh Street, Greensburg, PA 15601  
Phone: 724.853.8308 – Fax: 724.836.7472  
[www.westmorelandchristian.org](http://www.westmorelandchristian.org)

## ***Application for Admission***

Today's Date \_\_\_\_\_ Applying for the Academic Year \_\_\_\_\_ Entering Grade \_\_\_\_\_

Applicant's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

May we print phone/address in Directory? YES / NO

Email \_\_\_\_\_

Last School Attended \_\_\_\_\_ Completed Grade \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

How did you hear about Westmoreland Christian Academy? \_\_\_\_\_

Need Bus Transportation? YES / NO School District \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Can Father receive calls at work? YES / NO Can Mother receive calls at work? YES / NO

In case of serious injury or illness, whom should we contact if we cannot reach you?

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_ Phone Number \_\_\_\_\_

With whom does the student reside? Father \_\_\_\_\_ Mother \_\_\_\_\_ Both Parents \_\_\_\_\_

Has the Applicant ever made a profession of Faith in Christ as their personal Savior? YES / NO

Students aged 13 and over please give brief testimony: \_\_\_\_\_

\_\_\_\_\_

Is Father a Christian? YES / NO

Is Mother a Christian? YES / NO

Does the family attend Church regularly? YES / NO

Comments \_\_\_\_\_

\_\_\_\_\_

Pastor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Name of Church \_\_\_\_\_

Church Address \_\_\_\_\_

*References:*

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Has the applicant ever been expelled, dismissed or refused admission to another school? YES / NO  
(if yes, please explain) \_\_\_\_\_

Does the applicant have special needs academically, emotionally or physically? YES / NO  
(if yes, please explain) \_\_\_\_\_

Has the applicant every failed a grade or course in school? YES / NO  
(if yes, please explain) \_\_\_\_\_

*Junior and Senior High School Students Only:*

Has the applicant ever been involved in any of the following:

- |             |                          |                    |                          |                                    |                          |
|-------------|--------------------------|--------------------|--------------------------|------------------------------------|--------------------------|
| Smoking     | <input type="checkbox"/> | premarital sex     | <input type="checkbox"/> | more than 20 absences per year     | <input type="checkbox"/> |
| Pornography | <input type="checkbox"/> | suicide attempt    | <input type="checkbox"/> | frequent tardiness                 | <input type="checkbox"/> |
| Alcohol     | <input type="checkbox"/> | skipping school    | <input type="checkbox"/> | physically hurting another student | <input type="checkbox"/> |
| Drugs       | <input type="checkbox"/> | weapons possession | <input type="checkbox"/> | sexual harassment                  | <input type="checkbox"/> |

Please read the following and indicate by your signature that you are in agreement with the following statements:

- I understand that Christian education is a partnership between the home, church, and school. I will support my school by being involved in school activities and functions. I will communicate with the school when problems arise. I agree to follow the principle found in Matthew 18:15-17 when conflicts or disagreements arise.
- I agree to abide by the rules at Westmoreland Christian Academy.
- I agree to be supportive of the faculty and staff of WCA and to pray for God’s blessing on them.
- I agree to live my life in a manner which is in harmony with the Word of God
- I agree to be financially responsible for the tuition and fees as scheduled and to communicate with WCA immediately if for any reason this is not possible.

Student’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Father’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother’s Signature \_\_\_\_\_ Date \_\_\_\_\_

*In our phone directory we will list the parents’ and student’s names, addresses, and phone numbers. Work phone numbers and emergency numbers are for office use only. Other information is placed in confidential student files.*

**REGISTRATION FEE OF \$100 SHOULD ACCOMPANY THE APPLICATION FOR ADMISSION  
BOOK & SUPPLY FEE IS DUE ON OR BEFORE JULY 1ST OR AT THE TIME OF APPLICATION**

FOR OFFICE USE ONLY

Date Received \_\_\_\_\_ Interview/Tour \_\_\_\_\_ References \_\_\_\_\_

Applicant Accepted \_\_\_\_\_ Applicant Rejected \_\_\_\_\_