

Windsor Christian Academy

10285 Starr Rd. ~ P.O. Box 1880 ~ Windsor, CA 95492

Phone: (707) 838-3757 ~ Fax: (707) 838-3542

www.WindsorChristianAcademy.org

Enrollment Form ~ 2021-2022

OFFICE USE ONLY

Date of Application _____/_____/_____
Application Fee Paid \$ _____
Registration Paid \$ _____
Tuition Paid \$ _____
Other _____ \$ _____
TOTAL: \$ _____
Paid w/: Cash _____ Check # _____
Forms Received by: _____ Init'l: _____

PLEASE PRINT CLEARLY

STUDENT INFORMATION: (Oldest First)

Office Use Only

<u>Legal Name</u>	<u>Birth Date</u>	<u>Gender</u>	<u>New or Returning?</u>	<u>Applying for Grade</u>	<u>School Initials*</u>
	/ /	M F			
	/ /	M F			
	/ /	M F			
	/ /	M F			

* WCA, WCAP (additional forms are required for preschool enrollment)

FATHER

Spouse if other than mother: _____

Name: _____ Home Phone: _____

Address _____ City _____ Zip _____

Occupation/Place of Employment _____ Work # _____ Cell # _____

E-mail _____

MOTHER

Spouse if other than father: _____

Name: _____ Home Phone: _____

Address _____ City _____ Zip _____

Occupation/Place of Employment _____ Work # _____ Cell # _____

E-mail _____

Child lives with: Both Parents Mother Father Shared Custody Other _____

*Custody/restraining orders must be kept on file in the School Office. Please bring in the original documents to the school office for copies to be made.

Does your family attend church? _____ If so, which one? _____

Church Address & Phone Number _____

How long have you attended this church? _____

Are there any changes in student's family (births, deaths, separations, divorce, etc)? If so, please explain:

