



# Word of God Christian Academy

"Impacting the World for Christ, One Child at a Time."

An Outreach Ministry of Word of God Fellowship Church  
 PO Box 14408 Raleigh, NC 27620  
 3000 Rock Quarry Rd. Raleigh, NC 27610  
 phone: 919-834-8200 fax: 919-899-3640

## Enrollment Application

Applicant Information									
Full Name:			_____			Date:			_____
Last			First			MI			
Address:		_____					Apartment/Unit #		
		Street Address							
City					State		ZIP Code		
Phone:		Date of Birth:			Ethnicity/Race:				
Gender:		Male	Female	Present Grade:			Grade of Interest:		
Have you applied for admission previously?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?		Age at Graduation:	
Current GPA (if applicable):				SAT/ACT scores (if applicable):			SAT / ACT		
Educational Information									
Current School:					Address:				
Years attended: _____ to _____					Telephone: _____				
Has this student ever been expelled or otherwise severely disciplined in any other school? YES <input type="checkbox"/> NO <input type="checkbox"/>									
If yes, please explain:			_____						
Parent/Guardian Information									
Father's Full Name:					Mother's Full Name:				
Home Address:					Home Address:				
Occupation:					Occupation:				
Employer:					Employer:				
Business Phone:					Business Phone:				
Cell phone:					Cell Phone:				
Email:					Email:				
Parent's Marital Status: Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Remarried <input type="checkbox"/> Single <input type="checkbox"/>									
Person/Agency with legal custody of child:					Relationship to student: _____				

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### Medical History

Emergency Contact: _____	Emergency Phone Number: _____
Name of Medical Doctor: _____	Phone Number: _____
Name of Dentist: _____	Phone Number: _____
Contact's relation to student (please list someone other than the parent/guardian): Grandparent <input type="checkbox"/> Adult Sibling <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Friend <input type="checkbox"/> Other <input type="checkbox"/> _____	
Is the student currently on any medication? YES <input type="checkbox"/> NO <input type="checkbox"/>	Does the student have food/medical allergies? YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, please list them below: _____ _____ _____	If yes, please list them below: _____ _____ _____

### Social History

Does student and/or family members have a DSM-IV diagnosis, or show signs of psychological illness (including drug or alcohol abuse)? YES <input type="checkbox"/> NO <input type="checkbox"/> Number in Household _____	
Is the student and/or family currently receiving therapy/counseling? YES <input type="checkbox"/> NO <input type="checkbox"/>	
With whom? : _____	How often? : _____
Has the student ever been abused (physically/sexually) or neglected? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Is the student currently on any medication? YES <input type="checkbox"/> NO <input type="checkbox"/>	Does the student have food/medical allergies? YES <input type="checkbox"/> NO <input type="checkbox"/>
Yearly household income: > \$15K <input type="checkbox"/> \$15-\$20K <input type="checkbox"/> \$21-\$25K <input type="checkbox"/> \$26-\$30K <input type="checkbox"/> \$31-\$36K <input type="checkbox"/> \$36-\$40K <input type="checkbox"/> \$40-\$50K <input type="checkbox"/> <\$50K <input type="checkbox"/>	
Number of people in the household : _____	

## WORD OF GOD CHRISTIAN ACADEMY AND DAYCARE STATEMENT OF COOPERATION

I give WORD OF GOD FELLOWSHIP CHURCH/WORD OF GOD CHRISTIAN ACADEMY & DAYCARE permission for my child to take part in all Daycare/Academy activities, including: bus trips, sports activities and Daycare/Academy-sponsored trips away from the school premises. I give permission for my child to be videotaped and broadcast for use at the discretion of the school in accordance with local, state and federal laws. I also believe that discipline is necessary for the welfare of each student, as well as for the entire Daycare/Academy. I give permission for my child's teacher and/or agent of this ministry to make and enforce classroom regulations in a manner that is consistent with Biblical principles. I understand that I may be called at work and required to come discipline my child. I agree to do this and understand that failure to fulfill this requirement may result in losing the privilege for my child to be served by WORD OF GOD CHRISTIAN ACADEMY & DAYCARE, ministries of WORD OF GOD FELLOWSHIP CHURCH. I have been personally informed of these procedures. I further agree to hold the Academy and its agents harmless for any liability to my child or any guardian or parent thereof because of any claims on behalf of my child against WORD OF GOD CHRISTIAN ACADEMY & DAYCARE or any agent thereof because of any injury to my child. Should legal action, for any reason, be taken against WORD OF GOD CHRISTIAN ACADEMY & DAYCARE or any employee or agent thereof, on my "child's" behalf, and the Daycare/Academy or its agent not be found at fault, I agree to pay any attorney fees, court fees, damages or other costs that WORD OF GOD CHRISTIAN ACADEMY & DAYCARE or its agent should incur to defend itself against such action. I understand that WORD OF GOD CHRISTIAN ACADEMY & DAYCARE does not carry any type of accident insurance. All injuries must be filed through each family's health insurance policy.

This statement of cooperation will be in effect for as long as my child(ren) listed (or other to be enrolled) attends this Academy. I understand that should my marital status change that it is my responsibility to have a corrected Statement of Cooperation signed, updated, and delivered to WORD OF GOD CHRISTIAN ACADEMY & DAYCARE. **I understand that all monies paid for registration and tuition are NON-TRANSFERABLE AND NON-REFUNDABLE.**

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## ACCEPTANCE OF STUDENTS

WOGCA reserves the right to accept or reject the admission of any student and to place that student in the grade level or subjects judged most appropriate for his/her school experience. The Admissions Office and the Board of directors may render this judgment based on the completed application, student/parent interview, testing (if deemed necessary), previous school and achievement and behavior history.

### Notice of Non-discriminatory Policy Regarding Students

WOGCA affords students of any race, color, nationality and ethnic origin to all of 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, nationality and ethnic origin in administration of its education policies, admissions policies, financial aid and loan programs, athletics or other school programs.

MOTHER \_\_\_\_\_

DATE \_\_\_\_\_

FATHER \_\_\_\_\_

DATE \_\_\_\_\_

PRINCIPAL \_\_\_\_\_

DATE \_\_\_\_\_

## The Application Process

1. Please type or neatly write the information requested in the application. Be sure to answer every question.
2. After carefully reading the Statement of Cooperation, please provide your signature if you do agree to the terms presented.
3. Using the checklist provided below, gather the materials needed to complete the information packet. Also prepare to pay your registration fee. *The pre-registration fee is \$60.00, and this period ends on March 31st. The registration fee after this date is \$100.00.*

### Application Packet Checklist

- \_\_\_\_\_ Completed WOGCA application
- \_\_\_\_\_ Completed Questionnaire form
- \_\_\_\_\_ Copy of student's last two report cards
- \_\_\_\_\_ Copy of student's transcript (high school)
- \_\_\_\_\_ Pre-Registration fee of \$60.00 or Registration fee of \$100.00

4. Call or stop by the administrative office to schedule an appointment for an interview with an administrator. In this interview you will review the application and the answers to the questionnaires with the administrator, and an admission decision is given. Be prepared to pay your registration fee. Appointments are available at the following times:

Mondays and Tuesdays 9:00am to 12:30pm and 1:30pm to 4:00pm  
Wednesdays from 1:30pm-4:00pm  
Thursdays from 8:30am to 11:30am  
Fridays from 12:30pm to 4:00pm

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**Board Application Packet**

If your child has a GPA below 2.0, has been expelled, suspended, or has been subject to any other serious disciplinary action by any school or by the judicial system as a result of behavioral problems, you will be required to submit a *board application packet*. A board application must be approved by the members of the board for admission.

Board Application Packet Checklist

- \_\_\_\_\_ Completed WOGCA application
- \_\_\_\_\_ Completed Questionnaire form
- \_\_\_\_\_ Copy of student’s report cards from past three years
- \_\_\_\_\_ Formal documentation of suspensions/expulsions from school
- \_\_\_\_\_ Letter of interest from parent/guardian
- \_\_\_\_\_ Letter of interest from student
- \_\_\_\_\_ Letter of recommendation from counselor, principal, or church leader
- \_\_\_\_\_ Board application registration fee of \$125.00

Board applicants follow the same four step process as listed above. However, an admission decision will not be given during the interview. *Please allow two weeks for board application packets to be processed.* If you are not contacted concerning the admission decision within two weeks after your appointment, you may call the office to receive further instruction.

FOR OFFICE USE ONLY

Additional Comments

Finance Office X \_\_\_\_\_  
 Academy Office X \_\_\_\_\_

Date \_\_\_\_\_  
 Date \_\_\_\_\_

Interview Date	Registration Fee	Admission Decision	Records Requested
/ /		Accepted Denied	/ /

Introductory Fees	
Records Received	
File	

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