

WOODCREST NAZARENE CHRISTIAN SCHOOL

10936 South Normandie Avenue

Los Angeles, CA 90044

Telephone: (323) 754-4933

**APPLICATION FOR ADMISSION
(2016-2017)**

Date Received _____

Student's

Name _____

In Full M _____ F _____

FOR OFFICE USE ONLY

Application Fee Paid _____

Transcript Requested _____

Transcript Received _____

Interviewed _____

Tested _____

Computer Fee _____

Grade Placement _____

Rejected _____

Immunization _____

Birth Certificate _____

Prin./Adm. Comments: _____

Complete Address _____ Phone No. () _____

Street _____ City _____ Zip Code _____

Birth Date _____ Age _____ National _____

Birth Place _____ Origin _____ Any Grade Repeated? _____

Applying to enter _____ Grade _____

School attended during previous year: Last attended _____ Grade _____

Name _____ Has student been suspended or expelled

Address _____ from any school? YES () NO ()

Street _____ City _____ Zip Code _____ Explain: _____

CHURCH INFORMATION

Name of Church _____ Do you attend regularly? Yes _____ No _____

Address _____ Does your child? Yes _____ No _____

Pastor _____ We have no church home, and would

appreciate a call from a member or the Pastor

of Grace Church of the Nazarene.

(Circle One) Yes No

FATHER'S/GUARDIAN'S NAME

Address _____

Phone No. _____

S.S. # _____

MOTHER'S/GUARDIAN'S NAME

Address _____

Phone No. _____

S.S. # _____

Occupation: _____

Employer _____

Work Phone: _____ Ext. _____

Please check where applicable:

MARRIED () WIDOWER () DIVORCED ()

REARRIED () SINGLE PARENT ()

PRIMARY PARENT () JOINT CUSTODY ()

Occupation: _____

Employer _____

Work Phone: _____ Ext. _____

Please check where applicable:

MARRIED () WIDOWER () DIVORCED ()

REARRIED () SINGLE PARENT ()

PRIMARY PARENT () JOINT CUSTODY ()

SERVICES NEEDED: Extended Day Care (6:30 a.m. – 8:30 a.m./3:00 p.m. – 6:00 p.m.) YES _____ NO _____

Relatives now attending W.N.C.S. _____

Siblings now attending W.N.C.S. and Grade Levels _____

State briefly why you want you child(ren) to attend this Christian school. _____

How did you find out about our school? _____

PARENTAL AGREEMENT

(1st - 6th Grade)

I understand that Woodcrest Nazarene Christian School seeks to offer a strong academic and Christ-centered program geared to the needs of children.

I understand that the standards of Woodcrest Nazarene Christian School does not tolerate profanity, obscenity in words or actions, dishonor to the Holy Trinity, the Bible, or disobedience and disrespect to the personnel of the school.

I understand that uniforms will be required.

I understand that Sunday School attendance and Annual Sunday Class participation at Grace Church is part of my child's Bible grade. (You may attend the Sunday School of your choice.

I understand that Woodcrest Nazarene Christian School does not have a program for educationally handicapped children. If my child cannot adjust to a normal classroom situation, I agree that he/she may be dropped from the class list.

I understand that Woodcrest Nazarene Christian School does not discriminate against race, color, sex, religion, or national ethnic origin. Each student, however, must meet school requirements.

I will encourage obedience to school regulations. After reasonable effort has been made to discipline my child, and the child does not respond, I agree to withdraw my child from the school.

I understand my financial obligations must be met on the 1st of each month, and all payments are delinquent after the 5th of the month. A late fee of \$25.00 will be charged for tuition. (When the 5th of the month falls on a weekend or holiday, or if Monday the 5th falls on a day when the office is closed, payment must be made on the Friday or day before in order to avoid the late fee.) An additional fee of \$2.00 a day will be charged for tuition and day care payments made after the 5th.

I understand that my child will not be permitted in class if my tuition payment is not paid by the 10th of the month. A \$35.00 fee will be charged for returned checks. The school will not receive checks after one has been returned.

I understand that there are seven steps essential for the re-enrollment of my child.

1. A non-refundable re-registration/registration fee of \$200.00
2. A book fee due by June 1st(see price list for the amount)
3. The registration packet be completed and returned to office
4. A copy of current physical examination signed by your child's physician including updated immunization record and birth certificate
5. A \$100.00 Computer Fee due before the 1st day of school
6. Participate in (2) Mandatory Fundraisers or pay \$125.00 per fundraiser.
7. A \$50.00 Administration Fee due before the 1st day of school

Monthly rates would be the tuition fee of \$400.00, and Extended Day Flat Rate.

Parents who have not registered their children for Day Care and do not pick them up by 3:15 p.m. or bring them to school before 8:15 a.m. will be charged \$3.00 per hour or fraction thereof.

When these fees are paid, your child will be assured a place on the class list. Our classes will be open to new enrollees on March 1st.

Children picked-up after 6:00 p.m. will be charged \$10.00 every 15 minutes or fraction thereof.

Yearly tuition for 1st - 6th Grade students is \$4,000.00. There are (3) payment schedules. Please check below the schedule you will be using.

There is a \$25.00 testing fee for all new students, 1st through 6th grade.

- 1. Pay in full - Due by August 1st
- 2. Two payments - 1/2 due by August 1st and 1/2 due by January 1st
- 3. Ten payments - Due by the 1st of each month beginning August 1st and ending May 1st

I UNDERSTAND THAT THE FIRST AND LAST PAYMENTS MUST BE PAID BY MONEY ORDER OR CASHIER'S CHECK

PARENTS/GUARDIANS WHO VISIT OUR SCHOOL MUST FIRST CHECK INTO THE OFFICE BEFORE ENTERING THE CLASSROOM. THIS PROTECTS OUR STUDENTS.

Your signature below indicates that you have read and understand the information contained in this agreement.

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Father _____
Mother _____
(Father _____ Stepmother _____ Guardian _____)
(Mother _____ Stepmother _____ Guardian _____)

Father _____
Mother _____
(Father _____ Stepmother _____ Guardian _____)
(Mother _____ Stepmother _____ Guardian _____)

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

(I)(We), the undersigned parent(s) of _____, a minor, do hereby authorize Woodcrest Nazarene Christian School as agent(s) for the undersigned to consent to an X-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provision of the Medicine Practice Act on the medical staff of **CENTINELA HOSPITAL**, whether such diagnosis is or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

This authorization shall remain effective until June of 2017, unless sooner revoked in writing delivered to said agent(s).

Father _____

Date _____

Mother _____

Guardian _____

