

**APPLICATION FOR ADMISSION
to
Westover Christian Academy
Enrichment Center**

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|---|
| Office Use Only: _____ referral/ request _____ application _____ acceptance _____ financial agreement |
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Name _____ Age ____ Date of Birth _____ Grade _____

Address _____ City _____ State ____ Zip _____

Parent's Name _____ Home Phone _____

Cell # _____ Work Phone _____

E-mail _____ E-mail checked regularly ? Yes/ No

Please indicate your preference for communication. Call home/ call work/ e-mail/ notes/ mail

Emergency Contact _____ Phone _____

Desire to enroll is based on: _____ teacher referral _____ parental request

TYPE OF ENRICHMENT CENTER SERVICE REQUESTED:

- _____ IEP (Individual Educational Plan) formulation and monitoring
- _____ Tutorial Services:
 - _____ Full-time (3-4 days per week) _____ Part-time (2 days per week)
- _____ Passport Reading
- _____ Enrichment Class
 - _____ Grading period requested (circle one) 1st 2nd 3rd 4th 5th 6th

In what ways do you feel these services will add to your child's academic growth?

Please note any educational/psychological testing your child has received.

Please note any information concerning your child which may be helpful to the Enrichment Center staff in considering acceptance in the program. (ADD/ADHD diagnosis or medication?)

Parent/ Guardian Signature

Date

Reviewed by:

Director of Elementary Education

Director of Enrichment Services

Educational Specialist