

School Term: 2018-2019 Date _____

***** STUDENT INFORMATION *****

Name _____
(Last) (First) (Middle)

Address _____

City _____ State _____ Zip _____

Telephone _____ Birth Date _____

Email Address _____

Place of Birth _____
(City) (State)

Age _____ Sex _____ Grade to Enter _____

If Pre-K, _____ 1/2 Day OR _____ All Day

Last School Attended _____

Address _____

Please indicate academic level of pupil's previous work:

Excellent _____ Average _____
Good _____ Below Average _____

Has child ever been expelled, dismissed, suspended, or refused admission to another school?

Yes _____ No _____ Explain _____

Please attach a copy of your child's most current report card and any IEP that is in effect, if applicable.

Has your child received immunizations? YES NO

Kindergarten and Pre-K needs to furnish a copy of their immunization record.

Family Physician _____ Ph# _____

❖ ❖ ❖ ❖ ❖ ❖ ❖ ❖ ❖ ❖
OFFICE USE ONLY: App. Rec'd. _____

Interviewed By _____ Status _____

Which campus do you prefer? Clinton Elk City Weatherford

***** FAMILY INFORMATION *****

Father's Name _____

Employer _____

Position _____ Business Ph# _____

Mother's Name _____

Employer _____

Position _____ Business Ph# _____

Marital Status: Married _____ Widowed _____
Divorced _____ Separated _____

Other children in family:

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

If other school age children are not applying, please state reason:

How did you hear about our school? _____

What is your reason for selecting our school? _____

❖ ❖ ❖ ❖ ❖ ❖ ❖ ❖ ❖ ❖
App Fee Rec'd. _____ Transcript Requested _____ Transcript Rec'd. _____

Signed Confession of Faith _____ Student ID _____ Postcard sent

***** FAMILY SPIRITUAL LIFE *****

Church Attending _____

Address _____

Pastor _____ Telephone _____

Has child applying ever made a profession of faith in Christ? Yes ___ No ___

Is father a Christian? Yes ___ No ___

Please relate conversion experience:

Is mother a Christian? Yes ___ No ___

Please relate conversion experience:

Application must be filled out completely before it can be processed. Application, registration, and testing fees of \$30.00 must accompany application and are non-refundable.

AN INTERVIEW WITH THE PARENTS AND BOARD MEMBERS IS REQUIRED BEFORE FINAL ACCEPTANCE.

AGREEMENT

I have read the informational materials furnished and agree to support the school in its program, academic and disciplinary regulations, and all other requirements instituted by the board and carried out by the principal and faculty.

Date _____

Father's Signature _____

Mother's Signature _____

*****All applications must be mailed to the Clinton Campus.*****

STUDENT APPLICATION



WESTERN OKLAHOMA CHRISTIAN SCHOOL

22381 E 1070 Rd
Clinton, OK 73601
(580) 323-9150

1709 Lyle Rd
Weatherford, OK 73096
(580) 774-8159

2001 S Randall Ave
Elk City, OK 73644
(580) 303-4922

www.wocs.org

The mission of Western Oklahoma Christian School is to provide a Bible-based elementary education for the children of Christian families in order that each student have the opportunity to grow spiritually strong and scholastically sound.

Western Oklahoma Christian School admits students of any race, color, national and ethnic origin to all 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, national or ethnic origin, or disability in administration of its educational policies, admissions policies, scholarship and other school-administered programs.

Our school is an accredited member of the Association of Christian School International and the State of Oklahoma



ACSI  Association of Christian Schools International