

Founded in 1953

APPLICATION FOR ADMISSION

Westminster Academy

Christian Day School

1495 Colorado Blvd., Los Angeles, CA 90041
323-257-7576

Date _____

Grade Entering _____

Westminster Academy is a Christian school. As Christian educators, believing the Scriptures to be our guide, we know that God has entrusted each child to his parents' care, especially for instruction in life's essentials. We consider that the main responsibility for the child's education belongs to his parents. We also understand that the general principles of God's Word and common sense allow the delegation of a measure of that responsibility to teachers who are specially called and trained.

Your child's attendance at Westminster is a privilege. By enrolling your child in this school you are agreeing to abide by the rules and standards of conduct as articulated in our policy handbook, and you thereby are indicating your willingness to cooperate with the school in matters of academic and behavioral discipline.

Please be advised that an entrance examination is required for all new applicants. Acceptance and placement of all new students will be conditioned by the results of the examination, a personal interview with the principal, and attendance at two orientation sessions of two hours length with the principal and other school personnel.

Mother's Signature

Father's Signature

PLEASE BE SURE TO ANSWER ALL ITEMS

Why do you want to enroll your child in Westminster Academy?

I. STUDENT INFORMATION

Name	_____	Age	_____	Sex	_____
	Last First M.I.				
Address	_____				
	Street	City	State	Zip	
Phone	() _____	Date of Birth	_____		
		Month	Day	Year	
Place of Birth	_____	Ethnic Background	_____		
			(Caucasian, Hispanic, Filipino etc.)		
Languages spoken:	() English	() Spanish	() Other	_____	

(Please Complete Other Side)

II. PARENT INFORMATION

Parent/Guardian Name:	_____	Occupation	_____
	Last First		
Employer	_____	Phone	() _____
Address	_____		
	Street	City	State Zip
Parent/Guardian Name:	_____	Occupation	_____
	Last First		
Employer	_____	Phone	() _____
Address	_____		
	Street	City	State Zip
Marital Status:	() Married	() Separated	() Divorced () Widow
Guardian's Relationship to Student:	() Natural Parent	() Adopted	
	() Step Parent	() Foster	() Other
Name of Church	_____	Member:	() Yes () No
Address	_____		
	Street	City	State Zip
Phone: ()	_____	Pastor's Name	_____

III. EMERGENCY/HEALTH INFORMATION

Person to call in Emergency	_____		
	Last Name	First	
Address:	_____	Phone: ()	_____
Name of Physician and/or Clinic:	_____		
Address:	_____	Phone: ()	_____
	Street	City	Zip
Please rate your child's health:	() Excellent	() Good	() Fair
What allergies, if any, does your child have?	_____		
What medication, if any, does your child take regularly?	_____		
List any physical/emotional disabilities your child may have:	_____		

IV. EDUCATIONAL BACKGROUND

School Last Attended:	_____		
School Address:	_____	Phone: ()	_____
	Street	City	Zip
Grade Enrolled:	_____	Year(s) attended	_____
Please check the appropriate box if your child has had or is currently experiencing difficulty in the following areas:			
() Phonics	() Math	() Behavior/Attitude	() Expulsion (when) _____
() Reading	() Language	() History/Geography	() Other _____