

Student Name \_\_\_\_\_  
LAST FIRST M

Grade \_\_\_\_\_  
APPLYING FOR



**APPLICATION FOR ENROLLMENT**

School Year Applying For \_\_\_\_\_

OFFICE USE ONLY

Date Received by WCS \_\_\_\_\_ Initials \_\_\_\_\_ CK# \_\_\_\_\_ Amount \_\_\_\_\_

**STUDENT INFORMATION** (Please Print)

Student Name \_\_\_\_\_  
LAST FIRST MIDDLE

Name Preferred \_\_\_\_\_

Check one:  Male  Female

Date of Birth \_\_\_\_\_

Home/ Cell Phone \_\_\_\_\_ Address \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Student lives with (check all that apply):  Mother  Father  Step-Mother  Step-Father  
 Legal Guardian  Other: \_\_\_\_\_

**GRADE 1- GRADE 5 APPLICANTS**

**KINDERGARTEN APPLICANTS ONLY**

I am applying for Grade \_\_\_\_\_\*

I am applying for full-day Kindergarten\*

Current Grade \_\_\_\_\_

I am applying for half-day morning Kindergarten\*

*\*A minimum number of students are needed in order to support a class. Classes, campuses and times are subject to change or cancellation.*

**FAMILY INFORMATION** (Please complete in its entirety)

**FATHER/GUARDIAN** (Dr./Mr./Rev.) \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_

E-Mail \_\_\_\_\_

Address \_\_\_\_\_  
STREET CITY STATE ZIP

**MOTHER/GUARDIAN** (Dr./Mrs./Ms.) \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_

E-Mail \_\_\_\_\_

Address \_\_\_\_\_  
STREET CITY STATE ZIP

Return this application with the Enrollment Fee per student (**Priority Enrollment \$100 January 22-February 2, Open Enrollment \$100 from February 5-June 1, and \$200 beginning June 4**) to the address below. Checks payable to "WCS" and indicate "Enrollment Fee".

*The enrollment fee is non-refundable unless class applied for is cancelled.*

**Woodford Christian School**  
320 Hope Lane Versailles, KY 40383

**www.woodfordchristian.org**  
859.873.0288