

Warriors

Student Admissions Packet

2019-2020



West Side Christian Academy

1403 S. Cheyenne Rd.

Sapulpa, OK 74066

Phone 918-224-7229

Fax 918-347-8288



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We are excited to see your interest in West Side Christian Academy. In this packet, you will find all of the necessary paperwork to apply for admission into our school. After returning your application, we will view all documentation and inform you of your denial or acceptance into WSCA. If you do not hear from us as soon as you anticipate feel free to call us at the above phone number or speak with the administrator, Roger McDougal at 918-949-8636.

Mission Statement

Our Mission is to teach students to honor God, pursue excellence and integrity in their academic and life endeavors.

Vision Statement

We want to DISCOVER the potential spiritual ability in every student and DEVELOP that spiritual ability to honor God in all things. It will be our plan to make DISCIPLES of our students as followers of Jesus Christ. We want to see DEVOTION to our Lord who saved them giving them the desire to DISCIPLE others to continue the process. We want them to attain excellence in academics and to “grow in wisdom and stature and in favor with God and men” (Luke 2:52) to become role models in their school, homes, and community.

VISION -- To Teach:

1. The Love of God
2. Spiritual Wisdom
3. Hope
4. Citizenship
5. Self-sufficiency
6. Academic Excellence
7. A Love of Learning
8. Leadership Skills

Enrollment Date: _____
Present Grade: _____
Office Use Only

West Side Christian Academy

Admission and Enrollment Information TODAY'S DATE _____

Last Name _____ First Name _____ Middle Name _____

Birth Date _____ Birth Gender ___ Male ___ Female SSN: _____ - _____ - _____

Race/Ethnicity ___ Black ___ American Indian ___ Hispanic ___ Asian ___ Pacific Islander ___ White ___ Other

Mailing Address

Street or Post Office Box _____ City _____ State _____ Zip Code _____

Physical Address

Street _____ City _____ State _____ Zip Code _____

Address in which school district student resides _____

Parent/Guardian Phone _____ Student Mobile Phone _____

Birth City _____ Birth State _____

Birth Country _____ Date Entered U.S.A. _____

Last School Attended Name _____ Last School Attended City _____

Last School Attended Withdrawal Date _____ Last School Contact Number _____

Last completed grade _____ OR Present Grade(for transfers) _____

Previous Special Education Placement (Circle one) Yes No

Fill out Authority To Transfer Education Records sheet attached on page 5

If there are certain, specific restrictions on who **can not** pick up your child (due to court injunction, custody agreements, etc.), please list in the blanks below. Please provide copies of legal documents.

Person 1 _____ May Not pick up my child

Person 2 _____ May Not pick up my child

People With Whom Student May Leave:

1.. Name _____ Relationship _____ Phone Number _____

2.Name _____ Relationship _____ Phone Number _____

3. Name _____ Relationship _____ Phone Number _____

Parent/Guardian Contact Information

Parent / Legal Guardian #1 (please provide legal documentation if guardian)

First Name _____ Last Name _____

Mailing Address _____

Street _____ City _____ State _____ Zip Code _____

Home Phone If Different From Student _____ Mobile Phone _____

Place of Employment _____ Work Phone _____

Parent / Legal Guardian #2 (please provide legal documentation if guardian)

First Name _____ Last Name _____

Mailing Address _____

Street _____ City _____ State _____ Zip Code _____

Home Phone If Different From Student _____ Mobile Phone _____

Place of Employment _____ Work Phone _____

Additional Contact (indicates that this person may be contacted in emergencies and may also pick up student)

First Name _____ Last Name _____ Relationship _____

Address _____

Street _____ City _____ State _____ Zip Code _____

Primary Phone _____ Mobile Phone _____

Place of Employment _____ Work Phone _____

Please check all that apply:

1. TRANSPORTATION: I hereby give ___ / do not give ___ my consent for my child to be transported and supervised by facility's staff:
2. WATER ACTIVITIES: I hereby give ___ / do not give ___ my consent for my child to participate in water activities:
3. FIELD TRIPS: I hereby give ___ / do not give ___ my consent for my child to participate in field trips
4. Sports: I hereby give ___ / do not give ___ my consent for my child to participate in athletics.

Medical Information

Food Allergies ___ Yes ___ No (if yes describe)

Seizures ___ Yes ___ No (if yes describe)

Asthma ___ Yes ___ No, If yes ___ Inhaler ___ No inhaler

Diabetes ___ Yes ___ No

Behavioral ___ ADD ___ ADHD ___ Other (please explain)

Date of Diagnosis _____

Concussions ___ Yes ___ No If yes, date of last _____

List Medications (attach a document if needed)

Please describe any specific medical conditions of which the school needs to be aware that was not listed above. (attach additional information if necessary)

Physician Name _____ Physician Phone _____

Health Requirements: Student's Name _____ Date of Birth _____

Immunization	Date/Dose 1	Date/Dose 2	Date/Dose 3	Date/Dose 4	Date / Booster
Hepatitis B					
Rotavirus (RV)					
Diphtheria, Tetanus, Pertussis (DTaP)					
Haemophilus Influenza type b (Hib)					
Pneumococcal (PCV)					
Inactivated Poliovirus (IPV)					
Influenza					
Measles, Mumps, Rubella (MMR)					
Varicella (VAR)					
Hepatitis A (Hep A)					
Meningococcal (MCV4)					

May attach a copy of shot records to this form.

I, _____ (Parent/Guardian), understand the school's concern for my child's health, but at this time, and until further notice we choose not to vaccinate our children.

Parent/Guardian Signature

Date

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AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

Student Name _____ DOB _____

In the event that I cannot be reached to make arrangements for emergency medical attention, or the emergency is life threatening, I authorize

Dr. _____ Phone Number _____

or any Physician, surgeon or dentist to administer any emergency treatment, procedure or medication necessary. I authorize the facility director, school staff, or church officials in charge to secure the use of an ambulance, if necessary, for transporting my child to the hospital or nearest medical facility. I further agree to pay the hospital, doctors, and ambulance for all services rendered to the student named above. I request that this authorization remain in force for as long as my child is attending or is a student in West Side Christian Academy, and is attending and or traveling to and from school event/s. If the above arrangement is unsatisfactory, please list the procedures you request WSCA to do in case your child is injured or becomes seriously ill while attending.

Name of Physician: _____ Address: _____

Phone No.: _____

Health or Accident Insurance policy # _____

Insurance Contact Number _____

I hereby state that I have read and understand this authorization.

Parent or Legal Guardian Signature _____ Date: _____

Statement of Nondiscrimination

West Side Christian Academy does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs and activities. West Side Christian Academy reserves the right to, and does, maintain student educational and behavioral requirements and standards, which are based upon religious considerations consistent with its role and mission. (Reference National Free Will Baptist Treatise)

In response to Title VII of the Civil Rights Act of 1964 and Executive Order 11246 of September 24, 1965, the policy of the Academy with regard to this matter is as follows. The Academy takes affirmative action in the acceptance and admission of students.

A. West Side Christian Academy, in all manner and respects, is an Equal Admissions Academy and shall offer a program of Equal Educational Opportunity.

B. West Side Christian Academy, in compliance with Title VI of the Civil Rights Act of 1964, Executive Order 11246 as amended, Title IX of the Education Amendments of 1972, and other federal laws and regulations, does not discriminate on the basis of race, color, national origin, sex, age, disability, or status as a veteran in any of its policies or procedures. This includes-but is not limited to-admissions, employment, financial aid, and educational services.



West Side Christian Academy

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Authority to Transfer Education Records

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Phone: (918) 224-7229 Fax: (918) 347-8288

To: _____

School District Agency

Street Address

City

State

Fax#

In accordance with the Family Education Rights and Privacy Act (FERPA),
34 OFR 99131 transfer of education records is requested for:

Name of Student

Grade

Birthdate

Parent and/Or Authorized Guardian Signature for request of records

Do we need to request for Special Education Records ____ Yes ____ No

The above student intends to enroll or is enrolled in our school. Therefore please send records to:

West Side Christian Academy

1403 S. Cheyenne Rd.

Sapulpa, OK. 74066

Or

Fax to (918) 347-8288

West Side Christian Academy

2019-2020

Parent/Guardian Acknowledgement & Agreement

_____ HANDBOOK ACKNOWLEDGMENT & AGREEMENT

I have read the West Side Christian Academy handbook as well as the admissions packet, and understand their contents. I understand that my child is responsible for the following procedures outlined in the student handbook. I understand and agree to the terms listed in the handbook.

_____ COMPUTER/INTERNET TERMS ACKNOWLEDGEMENT & AGREEMENT

I have read the West Side Christian Academy terms and conditions of computer and internet usage found in the Student Handbook. I understand that my child is responsible for following procedures outlined in the student handbook on computer and internet usage.

_____ PAYMENT OPTIONS ACKNOWLEDGEMENT & AGREEMENT

I agree to make payments in compliance with the tuition payment plan for my child's education at West Side Christian Academy. I have read and agree to the payment plans stated in the handbook. I realize my child will be removed from school if payment/s is/are not made at the appropriate times.

_____ DAMAGE, MISUSE, or NEGLECT ACKNOWLEDGEMENT & AGREEMENT

I understand and agree to the terms listed in the handbook. I agree to pay for any damage done through misuse or negligence by my child.

Student Signature: _____

Parent/Guardian Signature: _____

Date: _____

I _____ (print name) have read and understand the admission form of West Side Christian Academy. I have completed all documentation of information to the best of my ability. I have not willfully withheld or modified any information to increase my child's opportunity to receive admission into WSCA.

Parent/Guardian Signature

Date

WSCA

Tuition Payment Options & Fees

CURRICULUM/BOOK FEE: \$240 non-refundable

All Students curriculum funds *must be paid by July 16th*, this is for their books for the school year. If student excels quickly and completes the year's books, there will be additional book fee for additional books ordered.

WSCA offers three payment options:

- 1. Year paid in Full - Due by August 1st** (discounted, 1 month free)
- 2. Payment by Semester - Due by August 1st and January 1st**
(\$100 off on each semester)
- 3. Monthly Payments - Due by the first of every month, August - May**

TUITION

\$365/MONTH - 1ST CHILD

\$300/MONTH - 2ND CHILD

\$250/MONTH - 3RD CHILD

WSCA RESERVES THE RIGHT TO CHANGE TUITION/FEE AMOUNTS FROM YEAR TO YEAR

ADDITIONAL POSSIBLE FEES

H.S. Art Fee: \$60 one time fee (students will keep all materials)

Competition entry fees per competition or event

Cap and gown when graduating

Purchase of school t-shirts or gear (optional)

Payments are non-refundable and non-transferable, except where students are not accepted by the school due to classes being filled, failure to meet entrance standards, or parents who move beyond travelable distance (40 miles).

Accounts will not be allowed to go over 10 days past due. Delinquent accounts may result in immediate dismissal from school. Student grades and records will not be released until payment is brought current.

Returned checks will be charged a \$25 fee. Two returned checks for any reason will put the family on a cash pay only policy.

Late Payments will have \$10 added to their account balance.

3 - PARENT