

**Attach  
Applicants  
Photo**

*This application must be  
accompanied by a non-refundable  
fee of \$75.*

FOR OFFICE USE ONLY

Date Received \_\_\_\_\_

Check # \_\_\_\_\_

Application for Grade \_\_\_\_\_

Date of Projected Entrance \_\_\_\_\_

Referred by \_\_\_\_\_

Applicant's Full Name \_\_\_\_\_

Name Used \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

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

Place of Birth \_\_\_\_\_

Sex \_\_\_\_\_

Religious Affiliation \_\_\_\_\_

Church \_\_\_\_\_

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Father's Name Used \_\_\_\_\_

Mother's Name Used \_\_\_\_\_

Home Address \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Name of Firm \_\_\_\_\_

Name of Firm \_\_\_\_\_

Business Address \_\_\_\_\_

Business Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Business Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Email Address \_\_\_\_\_

Are parents separated or divorced?

If so, who has legal custody?

(Continued on Reverse Side)

Stepmother's Name	Stepfather's Name
Name Used	Name Used
Occupation	Occupation
Title/Position	Title/Position
Name of Firm	Name of Firm
Business Address	Business Address
City/State/Zip	City/State/Zip
Business Phone	Business Phone

List siblings and the schools they attend:

Has anyone in Applicant's family attended or graduated from Woodland?

Maternal Grandparents' Names:

Paternal Grandparents' Names:

Name and Address of Applicant's Present School:

Please indicate Applicant's approximate grade average in school this year:

Has Applicant ever been tested for psychological purposes/speech & language evaluation?

Has Applicant ever been suspended or expelled from school?

Is Applicant welcome to continue attending his/her present school?

Is there any reason for Applicant not to participate in Physical Education?

If so, please state reason.

State any known health problems (allergies, etc.) that your child has and give specific instructions for the school in assisting your child in an emergency. An emergency action plan will be required for students with severe allergies.

The doctor prescribes, and my child takes the following medicines on a regular basis:

I understand that if my child is admitted to Woodland Presbyterian School, he or she will be subject to the general statements, rules, regulations, and financial terms contained in the Parent-Student Handbook, current calendar, and fee schedule.

Date of Application

Parent's Signature

**NON-DISCRIMINATORY ADMISSION POLICY**

Woodland Presbyterian School admits students of any race, color, and national or ethnic origin.