

WESTCHESTER AREA SCHOOL

456 Webster Avenue, New Rochelle, New York 10801 (914) 235-5799 Fax: (914) 235-4332

STUDENT APPLICATION
School Year _____

(Please Print)

Student's Name _____
(Last) (First) (M)

Address: _____

City: _____ State: _____ Zip _____

Present Age: _____ Date of Birth: _____ Sex _____

Place of Birth: _____

Last School Attended: _____ Telephone # _____

Address of Last School Attended: _____

Last Grade: _____ Teacher's Name: _____

Does child have an IEP (Individualized Education Plan)? Yes [] No [] If yes, please attach plan to application.

Has child ever been left back? Yes [] No []

Does child have any physical disabilities? Yes [] No [] If yes, please explain _____

Is child a baptized member of the Seventh-Day Adventist Church? Yes [] No []

If yes, give baptismal date: _____ Church: _____

Does child live with parents? _____ Guardian: _____

Other?: _____ Name: _____

Do you authorize Westchester Area School to take your child on unscheduled walking trips and scheduled field trips?
Yes [] No [].

Family Information:

Mother

Father

Name: _____

Social Security # _____

Home Address: _____

Home Phone #: _____

Church Affiliation: _____

Language spoken at home: _____

Citizenship: _____

Birthplace: _____

Occupation: _____

Place of employment: _____

Work Phone#: _____

Is Parent/Guardian a baptized member of the Seventh-Day Adventist Church:

Mother: Yes [] No []

Father: Yes [] No []

Please list the names and ages of other children in the family:

Name	Age
_____	_____
_____	_____

Name	Age
_____	_____
_____	_____

Name of person responsible for tuition payments: _____

Relationship to student: _____ Home Phone #: _____

Social Security # _____ Work Phone#: _____

Place of employment: _____

Additional Information:

Cell Phone#: Mother: _____ Father: _____

At dismissal my child _____, is allowed to: (please check one)

Walk home []; Take _____ Private Van Service []; use public transportation [];
or parent will pick up [].

The following individuals are authorized to pick my child up from school in my absence:

<u>Name</u>	<u>Relationship to child</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

I understand that all individuals picking up child for the first time must report to the main office and show photo identification. I also understand that if anyone other than the persons listed above is picking up my child I will call the school office immediately.

Parent's Signature _____

Parents please note that in the following cases, a written statement, signed by the parent, is required:

1. Any person not listed above picking your child up.
2. When your child will be late for school.
3. When your child is absent and returns to school.
4. The "rare" occasion when your child must wear partial uniform.
5. When your child must be picked up early for an appointment.

References: Provide names and phone numbers of 3 persons (not relatives)

1. _____ Phone# _____

2. _____ Phone # _____

3. _____ Phone# _____

Parent Signature _____ Date: _____

I understand the objectives and reputation of the Westchester Area School of Seventh Day Adventists, and I hereby pledge my full support in the following areas:

1. Educate my child to live within the guidelines of the rules and regulations of Westchester Area School.
2. Support all the programs of the school.
3. Promptly meet all of my financial obligations.

Parent's Signature: _____ Date: _____

I, _____ agree to abide by the rules and regulations of the Westchester Area School, and I will do my best to make Westchester Area School a place of good reputation.

Student Signature: _____ Date: _____

FOR OFFICE USE ONLY

A Birth Certificate was produced and copied. Yes [] No []

An Immunization Record was produced and copied Yes [] No []

A Report Card was produced and copied Yes [] No []

The Non-Refundable Registration fee of \$_____ was paid Yes [] No []

The Receipt number is _____

Signature of person accepting application _____ **Date:** _____