



# WHITEFISH CHRISTIAN ACADEMY

## NEW STUDENT APPLICATION TO THE RHETORIC PROGRAM (Grades 9-12)

For office use:	
<input type="checkbox"/>	Student Application
	Date Received _____
<input type="checkbox"/>	Testing Fee
	Check # _____
<input type="checkbox"/>	Placement Test
<input type="checkbox"/>	Family Application
	Date Received _____
<input type="checkbox"/>	Family Interview
<input type="checkbox"/>	Entered into Jupiter
<input type="checkbox"/>	Filed in student file

We welcome you to the admissions process for Whitefish Christian Academy. Our goal is to bring together a cohesive student body which can grow spiritually, socially and intellectually. Each applicant's academic potential, scholastic motivation, moral character, and extra-curricular interests will be taken into consideration.

Start the process by reading An Introduction to Classical Christian Education by Perrin. Then submit a New Student Application along with a \$50 non-refundable placement test fee for each prospective student. Once this documentation is received, an appointment will be set for a 90 minute placement test. We will contact you to follow up after reviewing the student's results.

Student	Applicant: _____ <small>LAST FIRST MIDDLE NAME USED</small>
	Address: _____ <small>STREET CITY STATE ZIP</small>
	Home Phone: _____ Cell Phone: _____ Work Phone: _____
	Current grade: _____ Applying for: grade _____ beginning _____ (year)
	Age on Sept. 10 of beginning year: _____ years _____ months
	<input type="checkbox"/> Biological Male <input type="checkbox"/> Biological Female Date of birth: ____/____/____
Current School	School applicant is attending or last attended: _____ <small>NAME SCHOOL DISTRICT</small>
	_____ <small>ADDRESS CITY STATE ZIP CODE PHONE</small>
	Teacher/counselor reference: _____ <small>NAME PHONE</small>
Other Enrollment	Has the applicant ever been expelled, suspended, been asked to withdraw or experienced discipline issues? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain. _____
	Has the applicant ever received any academic help or tutoring? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____
	Has the student ever been diagnosed for or enrolled in any special education program or special school (e.g., resource room, L.D. placement, attention deficit, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain. _____
	Do you suspect your child has ADHD, ADD, hyperactivity or a learning difference? <input type="checkbox"/> Yes <input type="checkbox"/> No _____
	Does the applicant regularly require any medication? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain. _____
	Has your child ever repeated a grade? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what was the reason? _____ _____