



Westside Christian Academy Enrollment Packet Checklist – K-3 – 12th

The checklist below will help you be certain that all documents are complete. Please fill out one set of forms for each child.

Items in this packet to be submitted include:

- Student Enrollment Application
- Emergency Contact Information
- Parent Request for Release of Student Records from previous school
- Financial Assistance Application
- Order Form: School Shirts
- Order Form: Gym Uniform 1-9th grade

Copies of these essential documents that must be submitted with enrollment package:

- Birth Certificate of Student
- Copy of Immunization Record
- Current Report Card or Transcript

Additional documents that should be submitted ONLY if they apply to your child:

- IEP if applicable
- Behavioral Report
- Proof that you do not have an outstanding balance at former school
- W-2's and or Tax Return (only if applying for partial scholarship)

Additional enrollment documents that are required:

- Signed Technology Use Policy and Permission
- Signed copy of the school's Code of Conduct
- Signed Statement of Faith
- Signed copy of the Zero Tolerance Policy
- Signed Tuition Contract

Note: Before returning please make sure all forms are completed (front & back) and that you have all documents needed to process your application. **Please note that enrollment, book and technology fees must be paid at the time of enrollment.**

If you have any questions regarding this procedure or need assistance completing the forms please contact Ms. Merrill at (313) 255-5760 ext.220.

Sincerely,

Christine Merrill
Office Administrator

**Westside Christian Academy
School-Parent Compact
School Year 2018-2019**

For all students served by Title 1, a school- parent compact must be filled out that's outlines how parents, the entire school staff, and students share the responsibility for improved student academic achievement, and the means by which the school and parents will build and develop a partnership to help children achieve the state's high standards.

I, _____, as a student at Westside Christian Academy agree to:

- Attend each class every day except in the case of family emergency or illness
- Do approximately 21/2 hours of homework each night
- Participate in before-school or after-school tutoring sessions if necessary
- Follow the school code of conduct
- Follow the school dress code
- Work on improving or maintaining health and physical fitness
- Help maintain the school building by keeping it clean and participating in cleanup activities
- Serve all detentions or suspension that I earn
- Treat Westside Christian Academy, faculty, staff and other student with respect.

I, _____, as parents(s) or guardian(s) of a student at Westside

Christian Academy, agree to:

- Attend parent-teacher conferences 9 weeks
- Monitor homework assignments on a daily basis
- Provide time and space for my child to do homework each night
- Talk with my child about school
- Support the code of conduct, the dress code, and the homework policy of Westside Christian Academy. This includes supporting the assigning of Detention or Suspension when necessary.

As an administrator and Advisory teacher of a student at Westside Christian Academy, I agree to ensure that:

- Teachers and staff hold high expectations for all students
- Teachers are available for students before or after school to help students when necessary
- Student are part of an exciting and challenging academic program
- Students feel safe at Westside Christian Academy enter grades within 1 week of receiving assignments expect for long projects or papers
- Excellent communication is given to parents concerning student's academic progress, activities at the school, and other information that parents need to know
- Teacher and staff treat all students and their families with respect

Signatures:

Student: _____ Date: _____

Parent/Guardian 1: _____ Date: _____

Parent/Guardians: _____ Date: _____
 Advisory Teacher: _____ Date: _____

Principal/Administrator: _____ Date: _____

2018-2019

Re-Enrollment Process

- Complete the Application Form
- Developmental Kindergarteners must be 3 or 4 by Sept. 1, 2018 and Kindergarten. must be 5 by Sept. 1, 2018
- Submit the Enrollment Fee of \$165.00 per family at the time of enrollment (Non-Refundable) ● New families are require to have an interview with Principal

Required for entrance in the Development Kindergarten & Kindergarten Programs (K3-Kindergarten)

- Birth Certificate & current Immunization Record
- Proof that you do not have an outstanding balance to former school
- Students that are attending the K-3 program, will be in K-4 the following years and Kindergarten.

Required for entrance in the Elementary & Jr. High Program (1st-8th grade)

- Most current Report Card
- Birth Certificate & Current Immunization Record
- Proof that you do not have an outstanding balance to former school
- Behavioral report require

Required for entrance in the Sr. High Program (9th-12th)

- Birth Certificate & current Immunization Record
- Proof that you do not have an outstanding balance to former school
- Current High School Transcript and final copy of each High School Report Card prior to now

TUITION & FEES

Tuition is due the first day of each month Aug. – May. A \$25 late fee will be assessed the 6th of each month. Student(s) will not be admitted to class on the 10th of the month if the current month is delinquent. Students cannot return until the payment is paid in full with cash or money order. No exceptions will be made. Financial Assistance applications are available to those who qualify.

STUDENT(S)	ANNUAL RATE	MONTHLY PAYMENT (10 MONTHS: Aug. 1 – May 1)
One child	\$4279	\$427
Two siblings	\$7,491	\$749
Three siblings	\$10,263	\$1,026

FEES	AMOUNT	DUE
Enrollment	\$165 per family	Submit with Enrollment Form (Non-Refundable)
Assessment Test	\$35 per student (K5 – 8 th)	at time of test (in summer)
Technology Fee	\$35 K3 – Kindergarten	Aug 1
Technology Fee	\$65 Elementary	Aug. 1
Technology Fee	\$85 Secondary	Aug. 1
Elementary Athletic Fee	\$50 per athlete	at the beginning of the practice season
Secondary Athletic Fee	\$165 per athlete	at the beginning of the practice season

CONSUMABLE CURRICULUM & SUPPLEMENTAL MATERIALS

K3-Kindergarten	\$50 per student	July 1
Elementary	\$75 per student	July 1
Secondary	\$100 per student	July 1

Lost and/or not returned textbooks & materials will be an additional charge to your account

GRADUATION

Kindergarten	\$65	Feb. 1
8 th Grade	\$90	Feb. 1
Senior	\$250	Feb. 1

A \$35 fee is assessed on checks returned from your bank for Non-Sufficient Funds (NSF). The remainder of monthly payments will be accepted in cash or money order only.

Release for Educational Records Form

We have enrolled the following student at Westside Christian Academy. Please send records including CA60, transcript of grades and credit, achievement and ability test scores, health records and any pertinent information concerning this student. Please mail the complete school records to the address below or notify us if you have no record of this student. These records include confidential information that may have importance in educational planning the student.

Today's Date ____/____/____

Student's Date of Birth ____/____/____

Child's Full Name _____
First Name
Middle Name
Last Name

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

- Student Entering Grades 1st-8th in 2018-2019
- Student Entering Grades 9th-12th in 2018-2019

To:

Previous School: _____

Address: _____

City: _____ State: _____ Zip: _____

Return this Form and All Requested Records to:

Westside Christian Academy
9540 Bramell
Detroit, MI 48239
Phone: (313) 255-5760
Fax: (313) 255-0809

WESTSIDE CHRISTIAN ACADEMY
Enrollment Application 2018-2019 School Year

School Year: _____ Grade to Enter: _____ Date of Birth: ____/____/____ Age: _____

Student Name _____ Male/Female Phone _____

Current Address _____ City _____ Zip Code _____

Emergency Contact _____ Relationship _____ Phone _____

Student live with: ____ Both Parents ____ Only Mother ____ Only Father Other: _____

Marital Status: ____ Married ____ Widowed ____ Divorced ____ Separated ____ Remarried ____ Single

Please fill out information on Father and Mother, including contact numbers, regardless of marital status

Circle: Father / Guardian

Circle: Mother / Guardian

Name: _____

Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____

Name of Employer: _____

Name of Employer: _____

Business Phone: _____

Business Phone: _____

Step-Mother (If applicable) _____

Step-Father (If applicable) _____

Work Phone: _____

Work Phone: _____

Cell/Home: _____

Cell/Home: _____

INFORMATION CONCERNING TUITION

Who is responsible for the payment of tuition & fees? _____

If address is different than student, please fill out the following information.

Name: _____ Work/Home _____ Cell Phone _____

Address: _____ City: _____ Zip Code: _____

INFORMATION CONCERNING STUDENT

Has your child repeated any grade? ___ Yes ___ No If yes, state grade & reason: _____

If your child has been homeschooled, please indicate grade/grades _____

Has your child ever been expelled, dropped, or suspended by any school? _____ Yes _____ No

Has student ever had an IEP? _____ Yes _____ No If yes, do you have a copy _____ Yes _____ No

If copies are available please attach IEP and evaluation reports to the Enrollment Application.

Complete the information below for schools attended:

Name of School	Address	Phone	Year

Has student had any disciplinary in school? _____ If yes, state briefly _____

Has the student had any disciplinary difficulty with civil authorities? _____ If yes, state briefly _____

Briefly characterize your son or daughter? _____

How have he/she done in school so far? _____

What form of discipline have you found to work with your child? _____

Do you attend church regularly ___ Yes ___ No Pastor Name _____

Church Name _____ Address _____ City _____ Zip Code _____

List activities of your church in which you or your family participate besides Sunday worship: _____

What factors have provided the greatest impact on the spiritual life of your family? _____

Parent or Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY

Process Date: _____ Student's Start Date: _____ Student Last day of School: _____

Sent Letter to Release Records: _____ Records Received: _____ IEP Received: Yes No

How did you hear about Westside Christian Academy?

____ TV/Radio/Internet

____ Newspaper

____ Friend/Family Member _____

(Name of friend/family member)



WESTSIDE CHRISTIAN ACADEMY 9540 BRAMELL DETROIT, MI 48239

HEALTH AND MEDICATION FORM

To be completed by the child's parent or legal guardian and physician. A new form must be completed every school year. Return to the main office. Special Diet Restriction document must be obtained by the main office.

Student's Name: _____ Birth Date: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Emergency Phone: _____

Grade: _____

To be completed by the student's physician, physician assistant or RN.

Physician's Printed Name: _____

Office Address: _____

Office Phone: _____ Office Fax: _____

Medication Name: _____

Dosage: _____ Frequency: _____

Time medication is to be administered or under what circumstances:

Is it necessary for this medication to be administered during the school day? Yes No

Expected side effects, if any: _____

Special Diet Restriction: Yes No

Physician's Signature: _____ Date: _____

Parent/Legal Guardian Name: _____

Parent/Legal Guardian Signature: _____ Date: _____



MEDIA RELEASE AGREEMENT

2018-2019 School Year

There may be times during the school year when media or others wish to photograph or videotape your son/daughter at Westside Christian Academy.

I hereby permit Westside Christian Academy to release items concerning school activities of my son/daughter to the media. I also give my permission for my child's name, portrait, picture, or voice to be used for display or in promotion material for the school, or/and in local media coverage of school events.

Student's Name

Parent/Guardian Name

Parent/Guardian Signature

Date

Partial Tuition Assistance Application

To determine eligibility for various additional state and federal program benefits that your child/children may qualify for, please complete sign and return this application to Westside Christian Academy.

These sections must be completed by the head of household or designee.

PART A. SIZE OF FAMILY – Enter the total number of individuals living in your household, including all adults and children _____

PART B. CURRENT BENEFITS- Complete below if applicable

If any member of your household receives Food Assistance Program (FAP), Family Independence Program (FIP), or FDPIR, provide the name and case number for the person who receives benefits. Bridge Card numbers and Medicaid Numbers are Not Acceptable case number.

Name: _____ Case: _____

Part C. STUDENT INFORMATION – Complete for each student K-3 through 12th Grade

Last Name	First Name	Birth Date	School	Does this child receive Assistance

To apply for assistance with payment of school tuition at Westside Christian Academy

Please check the one that apply to your family

- _____ \$4279.00 yearly tuition for one child Monthly payments \$427.00
- _____ \$7491.00 yearly tuition for two siblings Monthly payments \$749.00
- _____ \$10,263.00 yearly tuition for three siblings Monthly payments \$1,026.00

Is this your first year requesting a partial scholarship at Westside Christian Academy: _____ Yes _____ No

All reported income must be accompanied with supporting documents. You also must present your Tax Return.

Type of Income	Monthly Income	Yearly Income
Gross Monthly Earnings: Wages, Salary, Commissions		
Monthly Welfare Payments, Child support, Alimony		
Monthly Payment from Pensions, Retirement, Social Security		
Monthly Work's Compensation, Unemployment,		
Other Monthly Income (SSI, VA, Disability, Farm, other)		
Total Monthly Household Income (Add each line)		

Signature If Income Section is completed, the adult signing the form must also list the last four (4) digits of his or her Social Security Number.

I certify (promise) that all information on this application is true and that all income is reported. I understand that the sponsor will get federal/state funds based on the information given. I understand that sponsor officials may verify (check) the information.

Sign Here: X _____ Print Name: _____ Date: _____

Last Four (4) Digits of Adult Social Security Number: XXX-XX-_____

Date Received: _____ Received by: _____

Amount Awarded: _____ Approved by: _____ Date: _____