

# WINANS ACADEMY DISTRICT

## Re-Enrollment Application

2016-2017

**All applications must be returned to the office by April 22, 2016**

### Student Information

Grade in 2016-2017 School Year \_\_\_\_\_

If Elementary, which campus? (Choose one) \_\_\_ WAPA Dominican OR \_\_\_ Rutherford Winans Academy

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_ Age: \_\_\_ M or F: \_\_\_

African American, \_\_\_ Hispanic, \_\_\_ White (non-Hispanic), \_\_\_ Native American, \_\_\_ Asian, \_\_\_ Other, \_\_\_

Date of birth: \_\_\_\_\_ Place of birth (City, State): \_\_\_\_\_

Address, City, Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Name of Person(s) child is living with: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone: ( ) \_\_\_\_\_ Cell phone: ( ) \_\_\_\_\_ Alternate phone ( ) \_\_\_\_\_

Parent's Email Address: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Emergency Contact Phone: ( ) \_\_\_\_\_

Please list any allergies and/or medical conditions: \_\_\_\_\_

Supplemental Student Services Survey Form **(Must be completed see attached)**

Covenant Community Care Medical Form **(Rutherford Winans only)**

### EMERGENCY INFORMATION

Full name of other children living at home	Age	Relationship to Student	"Applying or Reapplying" to Winans Academy District for 2016-17	Grade in the Fall and Campus

\_\_\_\_\_  
Mother/Guardian's Name

\_\_\_\_\_  
Father/Guardian's Name

\_\_\_\_\_  
Mother/Guardian's Work Number

\_\_\_\_\_  
Father/Guardian's Work Number

\_\_\_\_\_  
Mother/Guardian's Cell Number

\_\_\_\_\_  
Father/Guardian's Cell Number

\_\_\_\_\_  
Mother/Guardian's Address

\_\_\_\_\_  
Father/Guardian's Address

**EMERGENCY CONTACTS**

Name:	Relationship:
Address, City, State, Zip	Home/Cell Number:

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Address, City, State, Zip	Home/Cell Number:

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Address, City, State, Zip	Home/Cell Number:

**PHOTO/VIDEO RELEASE**

My signature acknowledges that I give consent for my child to be photographed or videotaped for school related activities while attending the Winans Academy District. I waive any compensation as a result of this activity.

\_\_\_\_\_ Date

Parent/Guardian Signature

**MIDDLE SCHOOL ONLY  
ELECTIVE SELECTION FORM  
6<sup>TH</sup> – 8<sup>TH</sup> GRADERS ONLY**

**Please select classes in order 1 - 8 (1 is priority)**

- |           |       |            |       |
|-----------|-------|------------|-------|
| Art       | _____ | Drama      | _____ |
| Band      | _____ | Gym/Health | _____ |
| Computers | _____ | Orchestra  | _____ |
| Dance     | _____ | Vocal      | _____ |

I have completed the Winans Academy District application.

\_\_\_\_\_ Date

Parent/Guardian Signature