

WINANS ACADEMY DISTRICT

Re-Enrollment Application

2018-2019

All applications must be returned to the office by April 20, 2018

Student Information

Grade in 2018-2019 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 2018-19	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:

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

Name:	Relationship:
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
6TH – 8TH GRADERS ONLY

Please select classes in order 1 - 7 (1 is priority)

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

In order to maintain a safe and orderly school environment, please review the 2018-2019 Student/Parent Handbook before the beginning of the 2018-2019 school year.

I have completed the Winans Academy District application.

_____ Date

Parent/Guardian Signature