

Westside Baptist Academy Re-Enrollment Form School Year _____--_____

Student Information

Grade: _____ Student Social Security #

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Student's Full Legal Name: _____

First Middle Last

Address: _____

Street City State Zip Code

Birth Date: ____/____/____ Age: ____ Place of Birth: City: _____ State: ____ Country: _____

Phone Number:() ____ - ____ Check if Unlisted() Parent's Email: _____

Ethnicity: _____ Gender: __ Male __ Female

Student lives with: () Parent () Legal Guardian () Foster Parent

Emergency Information and Procedure

Student's Medical Insurance: __None __CHIP __Private Insurance __Other

In case of emergency, injury, or sudden illness, WBA is authorized to contact the persons below and if necessary, administer First Aid and/or initiate and other appropriate emergency care procedures.

In Case of Emergency or Illness, student will only be released to those person's whose names are listed below.

(Photo ID Required) (Please number contacts below (1,2,3,4,5) in preferred order of contact, in case of emergency)

_____ () **Father/ Guardian's Name:** _____ Relation to Student: _____

Address _____

Phone Number:() ____ - ____ Birth Date: _____ Work Number:() ____ - ____

Driver's License Number: _____ Email: _____

_____ () **Mother/ Guardian's Name:** _____ Relation to Student: _____

Address _____

Phone Number:() ____ - ____ Birth Date: _____ Work Number:() ____ - ____

Driver's License Number: _____ Email: _____

_____ () **Other:** _____ Relation to Student: _____

Address _____

Phone Number:() ____ - ____ Birth Date: _____ Work Number:() ____ - ____

Driver's License Number: _____ Email: _____

_____ () **Other:** _____ Relation to Student: _____

Address _____

Phone Number:() ____ - ____ Birth Date: _____ Work Number:() ____ - ____

Driver's License Number: _____ Email: _____

Office Use Only

Official Grade Placement: _____ Teacher: _____

Proof Of Identity on File: () Birth Cert. () Passport () Other _____

Probation Status: () None () Academic () Behavior

Student Testimony Up-to Date Health Records Financial Agreement

Parent 1 Form Parent 2 Form Books Ordered Books Received

Application Fee Financial Agreement Signed

Comments: _____

Testimony of Salvation:

Please provide a written testimony of salvation

- If your child is entering the 4th grade.
- If your child has accepted Christ in the last year.

Please list name and grade for all siblings

Name (First & Last)	Age	Grade	School (If in School)

() I certify that all the above information is true to the best of my knowledge. I understand that it is illegal to knowingly provide false information for School Records.

Parent/Guardian Signature: _____

Date: _____

