



APPLICATION FOR ADMISSION CENTRAL WISCONSIN CHRISTIAN SCHOOL

❖ PARENT OR GUARDIAN INFORMATION

Father's (or Guardian's) Last Name		First	Initial
Street Address		Home Telephone ()	
City	State	Zip	
Occupation/Title		Email	
Employer	Business Telephone	Cell Phone	
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single Parent			
Father's Parent(s)			
Father's Parent(s) Street Address		City	State Zip

Mother's (or Guardian's) Last Name		First	Initial
Street Address (if different from above)		Home Telephone ()	
City	State	Zip	
Occupation/Title		Email	
Employer	Business Telephone	Cell Phone	
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single Parent			
Mother's Parent(s)			
Mother's Parent(s) Street Address		City	State Zip

❖ CHURCH INFORMATION

Church Name	Pastor's Name	City
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❖ STUDENT(S) INFORMATION

Student (1) Last Name	First	Initial	<input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security Number		Date of Birth	
Grade Applying for (circle one) 4K K 1 2 3 4 5 6 7 8 9 10 11 12 Anticipated Date of Enrollment:			
Previous School Attended		Grades Attended	Dates

Student (2) Last Name	First	Initial	<input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security Number		Date of Birth	
Grade Applying for (circle one) 4K K 1 2 3 4 5 6 7 8 9 10 11 12 Anticipated Date of Enrollment:			

Student (3) Last Name	First	Initial	<input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security Number		Date of Birth	
Grade Applying for (circle one) 4K K 1 2 3 4 5 6 7 8 9 10 11 12 Anticipated Date of Enrollment:			

Student (4) Last Name	First	Initial	<input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security Number		Date of Birth	
Grade Applying for (circle one) 4K K 1 2 3 4 5 6 7 8 9 10 11 12 Anticipated Date of Enrollment:			

❖ **TWO KEY FACTORS INFLUENCING US TO INVESTIGATE A CWC EDUCATION ARE:**

- Location Christian Philosophy Recommendation of CWC Family Displeasure with public school
 Academic Program Co-Curricular Program Other: _____

❖ **WE LEARNED OF CWC THROUGH:** Current Students Current Parents

- Pastor Web Site Alumni Radio Ad Newspaper Ad Other: _____

❖ **IF YOU REFERRED BY A CURRENT CWC FAMILY, PLEASE LIST THEIR NAME:**

Referral Family

❖ **TRANSPORTATION:** If you are not a resident of the Waupun School District, how many miles do you live from CWC (one way)? _____

❖ **PLEASE EXPLAIN WHY YOU DESIRE TO ENROLL YOUR CHILD(REN) AT CENTRAL WISCONSIN CHRISTIAN?**

Please *return this completed form* to:
Advancement Office
Central Wisconsin Christian School
301 Fox Lake Road
Waupun, WI 53963

Office Use Only

- Campus Tour Transcript Received
 Application Received Approval