



## **ADMISSIONS PROCEDURES & REQUIREMENTS** ***ELEMENTARY STUDENTS*** **2018 to 2019 School Year**

### **Step 1: Tour, Interview and schedule testing with administrator.**

- Contact the School to make appointment
- Middle School & High School students take entrance tests and shadow in classes for a day.
- Elementary Students schedule their interview/tour and entrance tests with the Elementary Principal (Elementary students shadow in the morning on a separate day.)
- Turn in completed packet of application forms
- Additional Forms Needed:
  - Immunization Records
  - Copy of Birth Certificate
  - Legal Documents Regarding Custody *(If Parents are not living together)*

### **Step 2: Parents receive an official letter of acceptance to the Academy, which will include financial paperwork to set up tuition payment arrangements using Smart Tuition payment management system.**



**WRIGHT**  
CHRISTIAN ACADEMY

**STUDENT APPLICATION FOR ADMISSION  
ELEMENTARY STUDENTS**

**APPLICATION DATE** \_\_\_\_\_  
**2018 to 2019 School Year**

NAME \_\_\_\_\_  MALE  FEMALE  
(PLEASE PRINT) FIRST MIDDLE LAST

DATE OF BIRTH \_\_\_\_\_ STUDENT'S CELL ( ) \_\_\_\_\_

STUDENT'S SOCIAL SECURITY NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ U. S. CITIZEN  YES  NO

GOES BY: \_\_\_\_\_ STUDENT'S E-MAIL: \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

ETHNICITY \_\_\_\_\_ APPLYING FOR \_\_\_\_\_ GRADE, BEGINNING \_\_\_\_\_  
MONTH/YEAR

BROTHERS AND/OR SISTERS NAME(S)	AGE	ATTENDS W.C.A.
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO

RELATIVES PREVIOUSLY ENROLLED IN W.C.A. \_\_\_\_\_

FATHER'S LEGAL NAME \_\_\_\_\_  
(PLEASE PRINT) FIRST MIDDLE LAST

FATHER'S ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

FATHER'S E-MAIL \_\_\_\_\_

FATHER'S PLACE OF EMPLOYMENT \_\_\_\_\_

FATHER'S POSITION/TITLE \_\_\_\_\_

FATHER'S HOME PHONE (\_\_\_\_\_) \_\_\_\_\_

FATHER'S WORK PHONE (\_\_\_\_\_) \_\_\_\_\_ CELL (\_\_\_\_\_) \_\_\_\_\_

MOTHER'S LEGAL NAME \_\_\_\_\_  
(PLEASE PRINT) FIRST MIDDLE LAST

MOTHER'S ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

MOTHER'S E-MAIL \_\_\_\_\_

MOTHER'S PLACE OF EMPLOYMENT \_\_\_\_\_

MOTHER'S POSITION/TITLE \_\_\_\_\_

MOTHER'S HOME PHONE (\_\_\_\_\_) \_\_\_\_\_

MOTHER'S WORK PHONE (\_\_\_\_\_) \_\_\_\_\_ CELL (\_\_\_\_\_) \_\_\_\_\_

ARE FATHER AND MOTHER (circle one) MARRIED DIVORCED WIDOWED OTHER \_\_\_\_\_  
WHO HAS LEGAL CUSTODY? \_\_\_\_\_  
WITH WHOM DOES THE STUDENT LIVE? \_\_\_\_\_  
FAMILY CHURCH MEMBERSHIP \_\_\_\_\_

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**REFERENCES** (PASTORS REFERENCE WILL BE ON A DIFFERENT FORM)

NAME \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

NAME \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

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**RECOMMENDATION FROM LAST SCHOOL ATTENDED**

SCHOOL NAME \_\_\_\_\_

SCHOOL ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

**ADMINISTRATOR**

NAME \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

**TEACHER**

NAME \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

DATE \_\_\_\_\_

\*PARENT/GUARDIAN SIGNATURE

(\*This Signature allows us to contact the above listed persons, if necessary, for potential private information)

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**BACKGROUND INFORMATION**

SCHOOL LAST ATTENDED \_\_\_\_\_

GRADE POINT AVERAGE \_\_\_\_\_

HAVE YOU EVER BEEN DISMISSED OR ASKED TO WITHDRAW FROM ANY EDUCATIONAL  
INSTITUTION?  YES  NO

LIST ANY PHYSICAL HANDICAPS OR CHRONIC ILLNESSES BELOW.

\_\_\_\_\_  
\_\_\_\_\_

PLEASE FEEL FREE TO USE THIS SPACE TO EXPLAIN ANY OF THE ABOVE OR TO ADD  
COMMENTS YOU FEEL ARE PERTINENT.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE LET US KNOW HOW YOU HEARD ABOUT WCA.**

(YOU MAY SELECT MORE THAN ONE ANSWER, PLEASE RANK YOUR ANSWERS IN NUMERIC ORDER. i.e. 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, etc.)

\_\_\_\_ SIBLINGS CURRENTLY ATTENDING WCA  
\_\_\_\_ OR MY SPOUSE ARE ALUMNI  
\_\_\_\_ INTERNET BROWSING/SEARCH ENGINE, WHICH ONE? \_\_\_\_\_

\_\_\_\_ DROVE BY THE WRIGHT CHRISTIAN CAMPUS ON ADMIRAL  
\_\_\_\_ OPEN HOUSE  
\_\_\_\_ VIEWED BILLBOARD AD, LOCATION OF BILLBOARD? \_\_\_\_\_  
\_\_\_\_ RECOMMENDED BY ANOTHER SCHOOL, WHICH ONE? \_\_\_\_\_

\_\_\_\_ RECOMMENDED BY A CURRENTLY ENROLLED FAMILY, WHO? \_\_\_\_\_

\_\_\_\_ A FRIEND RECOMMENDED WCA, FRIENDS NAME? \_\_\_\_\_

\_\_\_\_ RECOMMENDED BY A FAMILY MEMBER, PERSON'S NAME? \_\_\_\_\_

\_\_\_\_ RECOMMENDED BY A WCA ALUMNI AND/OR PREVIOUS STUDENT, WHO? \_\_\_\_\_

\_\_\_\_ OTHER, PLEASE LIST: \_\_\_\_\_

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**LEGAL NAME OF PERSON RESPONSIBLE FOR PAYMENT OF BILL:**

(PLEASE PRINT) FIRST MIDDLE LAST

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_ - \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

HOME PHONE (\_\_\_\_\_) \_\_\_\_\_ CELL (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE DATE \_\_\_\_\_





## **STATEMENT OF FAITH, VISION AND MISSION**

### **STATEMENT OF FAITH**

We believe that God is and that He is the creator of all things. We believe Jesus Christ is God's Son and through his death and resurrection we have redemption from sin. We believe that through God's grace we can be adopted as His sons and daughters and can have a unique and intimate relationship with Him. We believe baptism to be crucial in God's plan for salvation. We believe the Holy Spirit indwells us and is sent as our helper and guide. We believe the Holy Scripture is the direct revelation of God and provides the absolutes by which we are to live; a life characterized by incomprehensible peace and inexpressible joy. We believe that our Christianity is expressed in service to others flowing from a faithful heart. ***To love God with all of our heart, soul and mind, and to love our neighbor as ourselves is believed to be the guidepost of life and the fulfillment of all the law.***

### **VISION STATEMENT**

The vision of Wright Christian Academy is to help our students hear the heartbeat of God.

### **MISSION STATEMENT**

The mission of Wright Christian Academy is to educate, in an exceptional manner, the children of parents who support and practice the beliefs of New Testament Christianity. In so doing, it is the responsibility of the Board of Directors to maintain an educational institution which supports and facilitates the development of these beliefs in the student body. This, of necessity, requires prayerful selectivity of both staff and faculty, as well as the individual members who comprise the student body. ***The end result of the efforts of the school is to be the development of a Christian young person; devoted to God, grounded in the teaching of Christ, equipped to serve the body of Christ and exceptionally prepared to pursue further educational endeavors.***

***I can fully support the Faith, Vision and Mission Statements of this school.***

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE



I, \_\_\_\_\_ hereby authorize Wright Christian Academy  
Parent Name (Please print)

and such persons as it may designate to provide emergency medical treatment and doctor's  
care for the benefit of \_\_\_\_\_/Grade\_\_\_\_\_.  
Student's Name (Please print)

I further agree to be responsible for all reasonable medical charges and expenses in connection with such  
emergency treatment.

I further agree to hold harmless Wright Christian Academy and its designated agent from any  
claims or suits for damages for any injury or complications whatever which may result from this  
treatment. \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature

List any **serious** injuries, surgeries, or illnesses your child has had in the past \_\_\_\_\_

Indicate if your child wears corrective lenses, hearing aid, prosthesis, etc. \_\_\_\_\_

List any physical limitations or restrictions the school should be aware of at this time \_\_\_\_\_

Please send or fax (918-438-0700) an updated copy of your child's immunization record if your  
child received any immunizations during the past year. Current immunization record is due upon  
enrollment.

### **AUTHORIZATION TO ADMINISTER NON-PRESCRIPTION MEDICATION**

I hereby authorize the school Health Clerk, or persons designated to administer medication in  
her absence, to administer non-prescription medications, as indicated, when necessary,  
advisable, or an emergency.

Please indicate **one** of the following:

1.  I **wish to be notified before** administration of the medications listed below.
2.  It is **not necessary to notify me** upon administration of the medications I have indicated  
below.

Tylenol or Substitute       Tums or Antacid Substitute

Ibuprofen or Substitute       Benadryl or Substitute

\_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian

This form will be kept on file for the duration of your child's enrollment at Wright Christian Academy for the 2018-2019  
school year. Any modifications will require the parent/guardian to notify the school of such changes.







**CONFIDENTIAL PASTORAL REFERENCE**

2018-2019 SCHOOL YEAR

To be filled out by a pastor, minister, youth minister, elder or deacon of the applicant.

This reference form is directly submitted to the Director of Admissions at Wright Christian Academy. Your response will remain confidential.

**APPLICANT'S INFORMATION**

APPLICANT'S NAME \_\_\_\_\_  
(PLEASE PRINT) FIRST MIDDLE LAST

APPLYING FOR \_\_\_\_\_ GRADE, BEGINNING \_\_\_\_\_  
MONTH YEAR

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

**PASTORAL REFERENCE FORM** (PLEASE CHECK THE APPROPRIATE RESPONSE)

1. IS THERE ANY QUESTION ABOUT THE APPLICANT'S SPIRITUAL INTEGRITY?  
 YES  NO  UNKNOWN
2. IS THE APPLICANT AND HIS/HER FAMILY AN ACTIVE MEMBER OF THE CHURCH YOU ARE A REPRESENTATIVE OF?  YES  NO  UNKNOWN
3. ARE YOU AWARE OF WHETHER OR NOT THE APPLICANT HAS MADE HIS/HER CONFESSION OF FAITH IN JESUS CHRIST?  YES  NO  NOT AGE APPROPRIATE  UNKNOWN
4. IS IT APPARENT TO YOU THAT THE PARENTS OF THE APPLICANT HAVE THE RESPECT OF THEIR CHILD AND THAT THEY FUNCTION AS THE AUTHORITY IN THE HOME?  
 YES  NO  UNKNOWN
5. DO YOU HAVE ANY REASON TO BELIEVE THAT THE APPLICANT WILL HAVE A NEGATIVE IMPACT ON THE SPIRITUAL ENVIRONMENT OF THE ACADEMY?  
 YES  NO  UNKNOWN

If you answered "Yes" to question number 1 or number 5 shown above, please explain your answer in the space provided below. Also, add other comments concerning leadership abilities, personality, special talents, problems, etc. In compliance with Section 504 of the Rehabilitation Act of 1973, you are advised to avoid reference to any handicaps an applicant may have.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





**WRIGHT**  
CHRISTIAN ACADEMY

**EXTENDED CARE ENROLLMENT  
ONLY FOR ELEMENTARY STUDENTS WHO  
NEED AFTERCARE FOR 2018 TO 2019 YEAR**

NAME \_\_\_\_\_  MALE  FEMALE  
(PLEASE PRINT) FIRST MIDDLE LAST

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

GRADE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

HOME PHONE (\_\_\_\_\_) \_\_\_\_\_ STUDENT'S CELL PHONE (\_\_\_\_\_) \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_

CELL (\_\_\_\_\_) \_\_\_\_\_ WORK (\_\_\_\_\_) \_\_\_\_\_ HOME (\_\_\_\_\_) \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_

CELL (\_\_\_\_\_) \_\_\_\_\_ WORK (\_\_\_\_\_) \_\_\_\_\_ HOME (\_\_\_\_\_) \_\_\_\_\_

WHO IS ALLOWED TO PICK UP THIS STUDENT? \_\_\_\_\_

WHO IS NOT ALLOWED TO PICK UP THIS STUDENT? \_\_\_\_\_

**WE MUST HAVE THE FOLLOWING INFORMATION:**

EMERGENCY CONTACT \_\_\_\_\_  
PLEASE LIST SOMEONE OTHER THAN A PARENT OR GUARDIAN.

RELATIONSHIP TO THE CHILD \_\_\_\_\_ PHONE (\_\_\_\_\_) \_\_\_\_\_

CELL (\_\_\_\_\_) \_\_\_\_\_ WORK (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE(S) OF PERSON(S) RESPONSIBLE FOR BILL DATE \_\_\_\_\_

*Extended Care fees will be added to your monthly ACH tuition payments.*



**WRIGHT**  
CHRISTIAN ACADEMY

**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT  
2018-2019 Extended Care Program (Elementary Students Only)**

Your child as a member of Wright Christian Academy could conceivably become sick or injured while away from home or under circumstances where it is difficult to obtain permission to have emergency medical services provided. Signing this form gives the school and its representatives permission to administer emergency medical treatment.

**MEDICAL AUTHORIZATION FOR EMERGENCY TREATMENT OF:**

STUDENT'S NAME \_\_\_\_\_  
(PLEASE PRINT)                      FIRST                                      MIDDLE                                      LAST

SOCIAL SECURITY NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

I, \_\_\_\_\_ hereby authorize Wright Christian Academy  
PARENT NAME

and such persons as it may designate to provide emergency medical treatment and doctor's care for the benefit of \_\_\_\_\_ / \_\_\_\_\_.  
(PLEASE PRINT)                      STUDENT'S NAME                                      GRADE

I further agree to be responsible for all reasonable medical charges and expenses in connection with such emergency treatment.

I further agree to hold harmless Wright Christian Academy and its designated agent from any claims or suits for damages for any injury or complications whatever which may result from this treatment. \_\_\_\_\_ DATE \_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

ADDRESS \_\_\_\_\_  
STREET                                      CITY                                      STATE                                      ZIP

HOME (\_\_\_\_\_) \_\_\_\_\_ CELL (\_\_\_\_\_) \_\_\_\_\_ WORK (\_\_\_\_\_) \_\_\_\_\_

**EMERGENCY CONTACTS**

NAME \_\_\_\_\_ PHONE (\_\_\_\_\_) \_\_\_\_\_

NAME \_\_\_\_\_ PHONE (\_\_\_\_\_) \_\_\_\_\_

**MEDICAL INFORMATION**

STUDENT'S DOCTOR \_\_\_\_\_ PHONE (\_\_\_\_\_) \_\_\_\_\_

ALLERGIES \_\_\_\_\_

CURRENT MEDICATIONS \_\_\_\_\_

INSURANCE CARRIER \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_



**PHOTO/VIDEO RELEASE**  
2018-2019 School Year

Please sign and return a form for **each child** you have enrolled at Wright Christian Academy.

I understand that my child's likeness may be photographed or videotaped by Wright Christian Academy during the course of school activities. I hereby consent for the school to use my child's likeness in promotional and/or advertising materials, newsletters, official Facebook page and WCA blog. Last names will be withheld on Facebook and Blog and many times no names will appear.

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PARENT: PLEASE CHECK AND INITIAL ONE OF THE FOLLOWING

\_\_\_\_\_  I GIVE MY CONSENT FOR MY CHILD TO BE VIDEOTAPED OR PHOTOGRAPHED.

\_\_\_\_\_  MY CHILD **MAY NOT** BE VIDEOTAPED OR PHOTOGRAPHED.

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
PRINT STUDENT NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
PRINT PARENT NAME

\_\_\_\_\_  
DATE



## **TESTIMONIALS**

“I can truly say that we were blessed to have had the honor and privilege of being a part of such a superior school, where all are treated like family and where all of its members work together in unity for the sake of all of the children. The profound effect Wright Christian Academy has had on my grandchildren will be with them for the rest of their lives.”

**Nancy Ruffin - A Grateful Grandmother**

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“As I look back on my years at Wright Christian Academy, I know that I was immensely blessed to have the opportunity to attend, and owe my parents eternal gratitude for investing in my future. I am committed to sending my children to Wright Christian Academy, as it is important to me that they have the same opportunities that I was afforded.”

**Mitch Myers - Class of 1990**  
President, Thermal Specialties

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“The decision my husband and I made to send our children to Wright Christian Academy was one of the best we have made. Wright Christian Academy was an extended family for our children. It was a place I could confidently send them in the morning, knowing they would be greeted by teachers who had a deep love for empowering children with knowledge, and most importantly, sincerely loved my children for who they are in Christ.”

**Teresa McIlroy – Mom**

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As I reflect on the influence Wright Christian Academy had on me, I am confident that the environment of mentorship fostered by the faculty and staff molded me into the man I am today. The challenges I faced both in and out of the classroom prepared me for the rigors of college and beyond. Most importantly, the one-on-one interactions I had with my teachers and coaches outside of school taught me necessary life lessons and helped lay a strong spiritual foundation that prepared me to be a husband, father and leader.”

**Tim Bragg – Class of 2000**  
FBI Special Agent

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“Academically, Wright Christian Academy prepared me extremely well for a rigorous college education. More importantly, the individuals and the curriculum of Wright Christian Academy taught me how to be a person of God that truly seeks to know the heart of our Savior.”

**Jessie Kuykendall – Class of 2006**  
National Merit Scholar, Thomas Pickering Graduate Fellow