



ADMISSIONS PROCEDURES & REQUIREMENTS ***ELEMENTARY STUDENTS*** **2019 to 2020 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.



**STUDENT APPLICATION FOR ADMISSION
ELEMENTARY STUDENTS**

APPLICATION DATE _____
2019 to 2020 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 _____

REFERENCES (PASTORS REFERENCE WILL BE ON A DIFFERENT FORM)

NAME _____ PHONE (____) _____

ADDRESS _____
STREET CITY STATE ZIP

NAME _____ PHONE (____) _____

ADDRESS _____
STREET CITY STATE ZIP

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)

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. 1st, 2nd, 3rd, etc.)

____ SIBLINGS CURRENTLY ATTENDING WCA
____ I 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: _____

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 _____

WE MUST HAVE THE FOLLOWING INFORMATION

EMERGENCY CONTACT (OTHER THAN PARENT) _____

ADDRESS _____

STREET

CITY

STATE

ZIP

RELATIONSHIP TO STUDENT _____ HOME PHONE (____) _____

WORK PHONE (____) _____ CELL (____) _____

THE PURPOSE OF WRIGHT CHRISTIAN ACADEMY IS TO TRAIN YOUNG PEOPLE TO LEAD FULLY DEVELOPED CHRISTIAN LIVES. THIS APPLICATION FOR ADMISSION CANNOT BE APPROVED UNTIL ALL RECOMMENDATIONS HAVE BEEN CHECKED. THE APPLICANT AGREES TO ABIDE BY THE REGULATIONS OF THE SCHOOL.

W.C.A. ADMITS STUDENTS OF ANY RACE, COLOR, RELIGION AND NATIONAL OR ETHNIC ORIGIN.

DATE _____

PARENT/GUARDIAN SIGNATURE



WRIGHT
CHRISTIAN ACADEMY

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.

DATE _____

PARENT SIGNATURE



WRIGHT
CHRISTIAN ACADEMY

MEDICAL RELEASE

AUGUST 1, 2019 to JULY 31, 2020

Your child, as a member of Wright Christian Academy, could conceivably become sick or injured while away from home on overnight athletic trips, field trips, or other school activities away from the school grounds, 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 when and wherever needed.**

MEDICAL AUTHORIZATION FOR EMERGENCY TREATMENT OF:

Name _____ Male Female
 First Middle Last *(Please print)*

Address _____
 Street City State Zip

Home Phone (____) _____ Date of Birth _____ Grade _____

Father's Name _____

Home (____) _____ Cell (____) _____ Work (____) _____

Mother's Name _____

Home (____) _____ Cell (____) _____ Work (____) _____

Siblings at WRIGHT (Name/Grade) _____

SECONDARY EMERGENCY CONTACTS *Please list someone other than a parent or guardian.*

1. Name _____ Relationship to Student _____

Phone (____) _____

2. Name _____ Relationship to Student _____

Phone (____) _____

MEDICAL INFORMATION

Serious Allergies _____

Current inhaler(s) or other Emergency Medication _____

Current Prescription Medication(s) other than listed above _____

Student's Doctor _____ Phone (____) _____

Insurance Carrier _____ Policy Number _____

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 2019-2020
school year. Any modifications will require the parent/guardian to notify the school of such changes.



AUTHORIZATION FOR RELEASE OF RECORDS

DATE _____

STUDENT'S NAME _____
(please print) FIRST MIDDLE LAST

DATE OF BIRTH _____ GRADE _____

PREVIOUS SCHOOL ATTENDED _____

ADDRESS _____
STREET CITY STATE ZIP

PHONE (____) _____ FAX(____) _____

MY CONSENT IS GIVEN TO RELEASE THE FOLLOWING INFORMATION ON THE ABOVE NAMED STUDENT TO:

WRIGHT CHRISTIAN ACADEMY
Attn: Registrar
11391 E. Admiral Place
Tulsa, OK 74116-3008
FAX 918-438-0700

- WITHDRAWAL GRADES
- TRANSCRIPT
- STANDARDIZED ACHIEVEMENT
- SCORES ON STANDARDIZED INTELLIGENCE TESTS
- HEALTH DATA AND RECORDS
- OTHER _____

SIGNATURE _____

RELATIONSHIP TO STUDENT _____



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.

PLEASE CHECK ONE OF THE FOLLOWING:

- RECOMMEND FOR ADMISSION
- NOT RECOMMENDED
- PREFER NOT TO MAKE A RECOMMENDATION
- PHONE ME

PLEASE CHECK ONE OF THE FOLLOWING:

- I AM WELL ACQUAINTED WITH THE APPLICANT.
- I AM MODERATELY ACQUAINTED WITH THE APPLICANT.
- I DO NOT KNOW THE APPLICANT.

YOUR INFORMATION

NAME _____
(please print) FIRST MIDDLE LAST

CHURCH NAME _____

OCCUPATION/TITLE _____

ADDRESS _____
STREET CITY STATE ZIP

PHONE (____) _____ EMAIL _____

SIGNATURE DATE

FORM MAY BE MAILED OR FAXED TO THE FOLLOWING:

WRIGHT CHRISTIAN ACADEMY
ATTN: Registrar
11391 E. Admiral Place
Tulsa, OK 74116-3008

FAX: 918-438-0700



WRIGHT
CHRISTIAN ACADEMY

**EXTENDED CARE ENROLLMENT
ONLY FOR ELEMENTARY STUDENTS WHO
NEED AFTERCARE FOR 2019 TO 2020 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
2019-2020 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 _____



WRIGHT
CHRISTIAN ACADEMY

PHOTO/VIDEO RELEASE
2019-2020 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.

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



WRIGHT
CHRISTIAN ACADEMY

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

“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

“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

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

“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