

Student Application
Wixom Christian School
A Ministry of First Baptist Church
620 N. Wixom Road ~ Wixom, MI 48393
(248) 624 - 4362 Fax (248) 624 - 1068

Student's Full Name: _____
Last First Middle

Male: _____ Female: _____ Date of Birth: ____/____/____ Birthplace: _____

Age: _____ Applying for Grade: _____ Present Phone: (_____) _____

Address: _____
Street Address City State Zip

School Last Attended: _____
Name

Address

Please attach a copy of the student's most recent report card to this application if available.

Reason for applying at WCS: _____

Does the student understand the Plan of Salvation? _____ Is the student born again? _____

Other Children in the family under 18 years of age:

<u>Name</u>	<u>Age</u>	<u>School Now Attending</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of Father: _____ Marital Status: _____

Living in Home? _____ Born Again? _____

Employment: _____
Company Position

Name of Mother: _____ Marital Status: _____

Living in Home? _____ Born Again? _____

Employment: _____
Company Position

Family attends what Church? _____
Name

Address

Pastor's Name: _____ Phone: _____ Member? _____

Regular Attendance at: Sunday School _____ Sunday AM _____ Sunday PM _____ Other _____

Statement of Personal Experience with Jesus Christ:

Father: _____

Mother: _____

Student: _____

Has the student ever been expelled, dismissed, suspended, or refused admission at another school? _____

If yes explain: _____

Has the student ever been in trouble with the law, arrested, etc.? _____

If yes explain: _____

Does the student or parents use tobacco, alcoholic beverages or drugs of any kind? _____

If yes explain: _____

Does the student have any physical, emotional, or medical limitations? _____

If yes explain: _____

Do you currently have an outstanding tuition balance at another Christian or private school? _____

If yes, where? _____