



# CWC APPLICATION FOR ADMISSION

## STEPS TO ADMISSION TO CENTRAL WISCONSIN CHRISTIAN

- (1) Complete Enrollment Form
- (2) Return Pastors' Recommendation (must be received prior to interview)
- (3) Schedule interview with Advancement Office

**\*\*Current families may omit steps 2 & 3**

### ❖ STUDENT(S) INFORMATION (ADD ADDITIONAL STUDENTS ON BACK)

<b>Student (1) Legal Last Name</b>	First	Initial	<input type="checkbox"/> Male
<input type="checkbox"/> Female			
Social Security Number		Date of Birth	
Grade Applying for (circle one) 3K 4K K 1 2 3 4 5 6 7 8 9 10 11 12			
Anticipated Date of Enrollment:		Current IEP? Y or N	Current Service Plan? Y or N
Previous School Attended		Grades Attended	Dates
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Latino <input type="checkbox"/> Neither Race: <input type="checkbox"/> White <input type="checkbox"/> Black/Afr Amer <input type="checkbox"/> Asian <input type="checkbox"/> Amer Indian <input type="checkbox"/> Hawaiian/Pacific			

### ❖ PARENT OR GUARDIAN INFORMATION

TODAY'S DATE \_\_\_\_\_

<b>Father's (or Guardian's) Last Name</b>	First	Initial
Street Address		Cell Phone ( )
City	State	Zip
Occupation/Title		Email
Employer	Business Telephone	Active Military? Y or N
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

<b>Mother's (or Guardian's) Last Name</b>	First	Initial
Street Address (if different from above)		Cell Phone ( )
City	State	Zip
Occupation/Title		Email
Employer	Business Telephone	Active Military? Y or N
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 (PLEASE RETURN PASTOR'S RECOMMENDATION FORM)

Church Name	Pastor's Name	City
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❖ **PLEASE EXPLAIN WHY YOU DESIRE TO ENROLL YOUR CHILD(REN) AT CENTRAL WISCONSIN CHRISTIAN?**

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

❖ **ADDITIONAL STUDENT(S) INFORMATION**

<b>Student (2) Legal Last Name</b>	First	Initial	<input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security Number		Date of Birth	
Grade Applying for (circle one) 3K 4K K 1 2 3 4 5 6 7 8 9 10 11 12			
Anticipated Date of Enrollment:		Current IEP? Y or N	Current Service Plan? Y or N
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Latino <input type="checkbox"/> Neither    Race: <input type="checkbox"/> White <input type="checkbox"/> Black/Afr Amer <input type="checkbox"/> Asian <input type="checkbox"/> Amer Indian <input type="checkbox"/> Hawaiian/Pacific			

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

Ethnicity: Hispanic Latino Neither Race: White Black/Afr Amer Asian Amer Indian Hawaiian/Pacific

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



## PASTOR RECOMMENDATION CENTRAL WISCONSIN CHRISTIAN SCHOOL

DATE OF APPLICATION \_\_\_\_\_

❖ **THIS SECTION TO BE COMPLETED BY PARENT/GUARDIAN BEFORE IT IS GIVEN TO YOUR PASTOR**

Parent/Guardian Name(s)		
Street Address		Home Telephone (     )
City	State	Zip

Applying to:  3K/4K Pre-School       CWC Elementary Grades K-5       CWC Middle School Grades 6-8       CWC High School Grades 9-12

Name(s) of student(s) applying for admission:

1.	2.	3.
4.	5.	6.

❖ **THIS SECTION TO BE COMPLETED BY PASTOR**

The above family is applying for admission to Central Wisconsin Christian School. Please answer the following questions and mail the completed form to the school address below. Thank you.

Does your church believe that the Bible is God's divinely inspired Word of God and forms the basis for our walk as His Kingdom workers?  Yes       No

Is this family a member of your church?  Yes       No  
Does this family regularly attend worship services at your church?  Yes       No

In what church activities do members of this family participate?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What evidence of spiritual growth have you seen in this family?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pastor Name	Pastor Signature	
Name of Church	Pastor Email	
Telephone (     )	Pastor FAX (     )	
Church Address		
City	State	ZIP

Please *return this completed form* to:

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Waupun, WI 53963