



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)

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

Father's (or Guardian's) Last Name	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

Mother's (or Guardian's) Last Name	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

- ❖ **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**

Student (2) Legal Last Name	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			

Student (3) Legal Last Name	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			

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: <input type="checkbox"/> 3K/4K Pre-School <input type="checkbox"/> CWC Elementary Grades K-5 <input type="checkbox"/> CWC Middle School Grades 6-8 <input type="checkbox"/> 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

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