

**REGISTRATION FORM  
GENERAL INFORMATION**

Dear Parents:

Please check the information below and make any necessary changes. This information is needed for the school register and cumulative folders. Since these are legal documents, they need to be kept updated. Thank you for taking the time to make this form as complete as possible.

Pupil's full name:

Birth date:

Birthplace:

Last grade completed:

Name of last school attended:

Is student baptized?

If yes, date baptized:

Place baptized

Place of membership:

Father's Name:

Mother's Name:

Student's home address (include mailing and street):

Phone:

**PARENT INFORMATION**

Father:

Phone:

**Address if different from above:**

Work Phone:

Occupation:

Cell Phone:

Church Affiliation:

Citizenship:

Place of Birth:

Language Spoken at Home:

Education:

Mother:

**Address if different from above:**

Phone:

Occupation:

Work Phone:

Church Affiliation:

Cell Phone:

Citizenship:

Place of Birth:

Language Spoken at Home:

Education:

(Complete information on page 2)

**EMERGENCY CONTACT INFORMATION**

In case of emergency, we may call:

Relationship:

Home Phone:

Work Phone:

Family Doctor:

Phone:

Does your child have an IEP, an Individual Education Plan? Yes No

Email address (optional) \_\_\_\_\_

Do you anticipate needing after school care? Yes\_\_\_\_\_No\_\_\_\_\_

I give my permission for my child to be: (Please check all that apply.)

\_\_\_\_\_ videotaped or to have pictures taken for student teacher evaluation

\_\_\_\_\_ photographed for the yearbook

\_\_\_\_\_ photographed for the school website

\_\_\_\_\_ included in the student directory with their name, parent’s names, address, and phone number.  
This directory is given to each family at the beginning of the year.

If all the information is correct, please sign below.

\_\_\_\_\_ Date: \_\_\_\_\_

Signature

## WHCS FINANCIAL QUESTIONNAIRE

1. Parent/Guardian Name(s): \_\_\_\_\_

2. Student's Name(s): \_\_\_\_\_

3. Home Address: \_\_\_\_\_

4. Billing Address (if different from above): \_\_\_\_\_

5. Tel: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

6.  Adventist

Constituent (You are a member of the Gardner/Fitchburg SDA Church)

Non-Constituent Adventist (You are not a member of the Gardner/Fitchburg SDA Church)

Non-Adventist

7. Do you plan to apply for the SNEC 3-way plan? Yes  No

8. Do you anticipate needing assistance from the WHCS Scholarship Fund: Yes  No

Please keep in mind that availability of funds is limited and reserved for the most needy.

Fulfillment of requests is subject to school board vote based on perceived need with Adventist affiliation taking first priority. Typically, our customary scholarship is \$50/mth.

If yes, amount requested: \_\_\_\_\_ per month.

9. Do you expect to receive financial aid from any other source? Yes  No

Sponsor Source: \_\_\_\_\_

10. I would like to request special consideration in paying my tuition based on the following

agreement: \_\_\_\_\_

### **Reminders:**

1. All outstanding balances from previous years must be paid in full prior to registering for current year.
2. Tuition balances in excess of 1 month overdue will jeopardize your child's continued enrollment, unless other financial arrangements have been made with the treasurer.
3. A 2% discount applies if tuition balance due is paid ***in full*** by the 10<sup>TH</sup> of each month.
4. A 5% discount applies for upfront payment of entire year.
5. First semester deadline for SNEC 3-way plan application to be received by conference is October 31st.
6. Second semester deadline for SNEC 3-way plan application to be received by conference is March 31st.