

Wayne

Christian School

1201 Patetown Road • Goldsboro, NC 27530 • 919-735-5605 • www.waynechristian.org

Administrator

Lynn Mooring

Administration

Dean of Students
(Preschool-6th grade)
Kathy Sanders

Dean of Students
(7th grade-12th grade)
Reggie Kingsley

Dean of Academics
Barbara Sheldon

Athletics
Roger Longwell

Childcare
Martha O'Hara

Development
Paul Donica

Fine Arts
Rick Moore

Student Activities
Robin Price

Support Staff

College/Career
Advisor
Susan Ford

Financial Manager
Linda Peacock

Dear Prospective Parent,

Thank you for the interest you have shown in Wayne Christian School.

As a Christ-centered community school, we recognize that the primary responsibility for nurturing and training children falls upon the parents. Wayne Christian School is dedicated to providing a quality educational program that will support parents as they seek to “train up a child in the way he should go ...”, Proverbs 22:6.

Wayne Christian School is committed to developing in its students a proficiency in each subject while establishing a Biblical worldview that teaches students how to pursue and maintain a personal relationship with Jesus Christ.

We believe that each child is a unique creation of God and that each one has been endowed by Him with value, gifts, and talents. We also believe that students have their own unique styles of learning. Wayne Christian School seeks to provide a wide variety of learning experiences that are consistent with those individual learning styles and capabilities.

Wayne Christian School exists to complement the teaching in the home and church. Together we will strive to develop moral character, encourage spiritual growth, and provide opportunities for academic excellence. We encourage family involvement in the process through conferences, programs, social events, and other family ministries.

Thank you, again, for your interest in Wayne Christian School. Please prayerfully consider making it your family's school. Start by completing the student application packet and returning it the school office.

Developing Champions for Christ,

Lynn Mooring, Administrator
Wayne Christian School

NEW STUDENT APPLICATION PROCESS 1st – 12th GRADES

- Step One:** All sections of the student application must be completed, signed in all appropriate places (both parents or guardians required in some sections), and returned with one attached check for the processing fee of \$100.00 and the registration fee of \$200.00 for a total of \$300.00. These fees are non-refundable even if the student is placed on the waiting list or is not accepted.
- Step Two:** The secretary must arrange a WCS entrance test after the application is submitted.
- Step Three:** The secretary will set up an interview for the student(s) and the parents with the appropriate principal.
- Step Four:** A Record Request Form must be completed and included with the application. WCS will request records once the child has been accepted.
- Step Five:** A Medical Form must be completed and returned within two weeks of the application. The medical form includes a physical form and an immunization record which is a North Carolina requirement.
- Step Six:** A copy of student's birth certificate must be included.
- Step Seven:** A copy of the most recent report card must be included.
- Step Eight:** Students enrolling in grades 2 - 12 are required to have taken a Stanford Achievement battery (SAT) or California Achievement battery (CAT) within the past three years. A copy of the most recent results must be included.
- Step Nine:** A Pastor Reference Form will need to be completed and returned within one week to WCS.
- Step Ten:** A Confidential Reference Form will need to be completed and returned within one week to WCS **for students applying for grades 7 – 12 only.**
- Step Eleven:** Placement will be made after the application process is completed. It is based on availability, completion and review of the application, previous academic record, test scores, and the parent and/or student interview. The parents will be notified by the appropriate principal with an acceptance decision.
- Step Twelve:** Once your child has been accepted a tuition installment plan (TIP) form must be completed and returned to the secretary.

(An application cannot be processed if all information is not complete.)

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STUDENT APPLICATION

General Information

Last Name: _____ First: _____ Middle: _____

Preferred Name: _____ Birth: M ___ D ___ Y _____

Student Social Security Number _____ - _____ - _____

Sex: ___ Male ___ Female Grade Applying to: _____

Street Address: _____

City: _____ County: _____ Zip: _____

Medical Information: (allergies, allergic to medications etc.) _____

OFFICE USE ONLY	
Amt of Check: \$ _____	Ck# _____
Date of Application: _____	
Date of Enrollment: _____	
Test Date: _____	
Date of Interview: _____	
Acceptance Date: _____	
Principal's Approval: _____	

Parent/Guardian and Family Information

Marital Status: Married Widower Separated Divorced Remarried

Custodial Status: NA Sole Joint w/ _____

Father's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ - _____

E-Mail Address: _____

Employer's Name: _____

Occupation: _____

Business Phone: (____) _____ - _____

Cell Phone: (____) _____ - _____

Lives w/Student (Y/N) ___ Receives Mail (Y/N) ___ Receives Bill (Y/N) ___

Marital Status: Married Widower Separated Divorced Remarried

Custodial Status: NA Sole Joint w/ _____

Mother's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ - _____

E-Mail Address: _____

Employer's Name: _____

Occupation: _____

Business Phone: (____) _____ - _____

Cell Phone: (____) _____ - _____

Lives w/Student (Y/N) ___ Receives Mail (Y/N) ___ Receives Bill (Y/N) ___

Paternal Grandparents

Grandparent(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____ E-Mail: _____

Maternal Grandparents

Grandparent(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____ E-Mail: _____

Emergency Contact Information

Name of Contact: _____

Phone Number: (____) _____ - _____

Contact's Relation to Student:

()Relative-Relationship: _____

()Friend ()Guardian ()Other _____

Student's Doctor: _____

Student's Dentist: _____

Name of Contact: _____

Phone Number: (____) _____ - _____

Contact's Relation to Student:

()Relative-Relationship: _____

()Friend ()Guardian ()Other _____

Doctor's Phone: _____

Dentist's Phone: _____

Complete the following information for all children in your family:

1. _____ Age: _____ Grade: _____ School: _____
2. _____ Age: _____ Grade: _____ School: _____
3. _____ Age: _____ Grade: _____ School: _____

Church Attending: _____ **Pastor's Name:** _____

Church Member: () Yes () No **Attendance:** () Regular () Seldom () Never

Family Information

To be completed by a parent or guardian:

1. Who recommended WCS to you? _____
2. What are your goals for your children?

3. Share your reasons for applying to Wayne Christian School.

4. Does your child have any health problems?

5. Other schools your child has attended:

6. Has your child ever repeated a grade? _____ If yes, describe which grade and why.

7. If your child ever had modifications made in the classroom? _____
8. Has your child ever been administered psychological, behavioral, or academic testing to determine if he/she is gifted, has a learning disability, ADD, ADHD, behavioral, neurological, sensory, or emotional disorder? _____
If yes, please provide dates and documentation.

With my signature below, I certify that I have answered the above questions honestly and completely.

Signature of parent: _____

Date: _____

Grades 6-12 Student Information

To be completed by students applying for grades 6-12 ONLY:

1. How did you learn about Wayne Christian School?

2. Do you desire to come to WCS? _____ Why or why not?

3. Have you ever been on the honor roll? _____ Have you failed a subject? _____ What? _____
4. What is your average grade in school? _____ A _____ B _____ C _____ D _____ F
5. What is your hardest subject? _____
6. Do you plan to go to college? _____ What are your career plans?

7. Are you a Christian? _____ How do you know?

8. Do you attend church regularly? _____ Attend a youth group? _____ Where? _____
9. Do you sing in the choir? _____ Do you play a musical instrument? _____ What? _____
10. What type of music do you enjoy? _____
11. Name two of your favorite music groups: _____
12. How much time do you spend watching TV? _____
13. Do you have a job after school or weekends? _____ What is it? _____
14. How often do you go to the movies? _____ Name the last two: _____
15. Are most of your friends Christians? _____ Are most of your friends the same age? _____
16. Please circle the appropriate answer. Have you ever used tobacco (yes/no), alcohol (yes/no), and/or drugs (yes/no)? If yes on any, please write on a separate sheet of paper the circumstances, dates, and current situation.
17. Have you ever been suspended, expelled or had disciplinary difficulty in a school? _____
Explain _____

18. Did you receive any help answering the above questions? _____ If yes, who? _____

With my signature below, I certify that I have answered the above questions honestly and completely.

Signature of student: _____

Date: _____

WCS STATEMENT OF COOPERATION

PARENTAL COMMITMENT:

We understand our child(ren) is accepted on a general probationary status for the first quarter. We agree that we will in no case complain to other parents, but will register only necessary complaints with the teacher or administration following the Matthew 18 principle. We understand our responsibility to read the student handbook and agree to abide by its established policies. We are to support the school with our prayers and positive attitude. We understand that if at any time the school determines, in its sole discretion, that our actions do not support the ministry, or reflect a lack of cooperation and commitment to the home and school working together, the school has the right to request the withdrawal of our child(ren). We understand the school reserves the right to dismiss our student for lack of cooperation on the part of the student, parent and/or guardian.

Therefore, the parties to this agreement are Christians and believe that the Bible commands them to make every effort to live at peace and to resolve disputes with each other in private or within the Christian community in conformity with the Biblical injunctions of 1 Corinthians 6: 1-8, Matthew 5:23 & 24, and Matthew 18: 15-20. Therefore, the parties agree that any claim or dispute arising out of, or related to, this agreement or to any aspect of the enrollment relationship, including statutory claims, shall be settled by Biblically based mediation.

If resolution of the dispute and reconciliation do not result from such efforts, the matter shall then be submitted to a panel of three arbitrators for binding arbitration. Each part to the agreement shall have the right to select one arbitrator. The two arbitrators selected by the parties shall jointly select the neutral arbitrator. If there is an impasse in the selection of the third arbitrator, the Association of Christian Conciliation Services shall be asked to provide the name of a qualified person that will serve in that capacity. The arbitration shall be conducted in accordance with the Rules of Procedure for Christian Conciliation of the Association of Christian Conciliation Services. (406-256-1583)

FINANCES:

I will make timely payments of my financial obligations. Further, I understand and agree to the following:

- Students with outstanding account balances will not be allowed to attend class until the account has been brought up to date. The account will be referred to the WCS School Board.
- If I withdraw my child from school for any reason, the school will exercise its prerogative by not releasing any records or report card if the account is not current.
- High school students will not be allowed to take mid-semester exams if their accounts are not paid through December or final exams if their accounts are not paid through May.
- Returned checks will incur a \$30.00 charge.
- Late payments will be assessed a fee of \$30.00 per month until account is paid in full.
- If I withdraw my child from school after classes have begun, I am responsible to pay tuition through the end of that month.
- Parents enrolling students in any given school month will be responsible for that month's tuition payment.

PICTURES:

I authorize Wayne Christian School, or anyone authorized by Wayne Christian School, to use and reproduce all audio tapes and video tapes and photographs which Wayne Christian School takes of our child(ren) or any family member. Such reproductions will be used for school literature, advertisements, and promotional purposes without further compensation. All copies, masters, negatives, pictures and proofs shall constitute Wayne Christian School property, solely and completely.

Yes, I give authorization to WCS.

No, I do not give authorization to WCS.

ACTIVITIES:

I give permission for our child(ren) to take part in any and all school activities, class field trips, including sports and school-sponsored trips away from the school premises, and absolve the school from liability to us or our child because of any injury to us or our child at school or during any school activity. In case of emergency or serious illness, we request the school contact us first. If we are not available, please contact the designated emergency contact. If the emergency contact cannot be reached, the school has my permission to make whatever arrangements deemed necessary for our child(ren)'s treatment. If the emergency is life-threatening and we cannot be reached, the physician has permission to act accordingly absolving the school of any liability. This statement of cooperation will serve as a blanket permission slip from August 1, 2009 to July 30, 2010.

Yes, I give permission to WCS.

No, I do not give permission to WCS.

I have read all the Statement of Cooperation and marked my intentions for the school year 2009-2010.

Parent or Guardian Signature

Date

WCS STATEMENT OF FAITH

- *The BIBLE is the ONLY verbally inspired Word of God*, inerrant in the original writings and the final authority in faith and life.
- GOD is one God, eternally existing in three personalities: Father, Son, and the Holy Spirit.
- JESUS CHRIST is the unique Son of the Father, virgin born, sinless, died an atoning death, physically resurrected, ascended, exalted, presently the believer's High Priest, coming to receive His own, the church, and coming again literally and personally to establish the millennial kingdom.
- The HOLY SPIRIT indwells every believer, and instructs, corrects, and guides them in all truth and the Christian life. It is His *office* work not to direct attention to Himself, but to the Lord Jesus Christ. He fills, controls, and empowers those yielded to Jesus Christ as Lord of their lives, the evidence being the fruit of the Spirit.
- MAN is sinful through and through and everlastingly separated from God apart from personal faith in the gospel of Jesus Christ for salvation.
- The CHURCH is the Body of Christ that manifests itself locally through believers united for mutual edification and propagation of the gospel while awaiting God's Son from heaven. There are two ordinances: baptism and the Lord's Table. The Lord's Table is celebrated as a memorial until He comes, and baptism by immersion is a public confession of the believer's identification with Jesus Christ.
- SALVATION provided through the gospel of Jesus Christ as a gift is by grace through faith. All who receive Jesus Christ as Savior are born again into the family of God, sealed by the Holy Spirit and thereby possess eternal life.
- The RESURRECTION of the body will be physical: the saved unto eternal fellowship with God and the unsaved unto everlasting punishment and separation from God in the lake of fire.

I have read the Statement of Faith and I am willing for my child to receive training in these historic doctrines, and will support the school in its endeavors to encourage and to guide my child in applying these doctrines to life.

Parent or Guardian Signature

Date

Wayne Christian School admits students of any race, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national, and ethnic origin in administration of its educational policies, admissions policies, scholarships, and athletic and other school administered programs.

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Confidential Pastor Reference Form

To the Pastor:

The student named below is a candidate for Wayne Christian School. Please complete this form and return within one week to the address above (Admission Office), or Fax to (919)735-5229.

Name of applicant _____ Candidate for grade _____

How would you evaluate the parents in the following areas:	Poor	Average	Good	Excellent
1. Their church relationship, attendance and loyalty				
2. Their personal relationship to Jesus Christ				
3. Their interest in having their child know and walk with the Lord				
4. Their command for respect and obedience from their children				
5. Their support of their children's spiritual development				
6. Their level of involvement in your church				

7. How well do you know the family? _____

8. Are you currently their pastor or associate pastor? _____

9. To your knowledge, has this applicant accepted Jesus Christ as Savior? _____

10. What are the first words that come to mind to describe this applicant? _____

11. I recommend this student: without reservation with reservation could not recommend

12. Please use this space to give any additional information from above questions or other information which is pertinent.

Church (full name and affiliation):	
Church Telephone:	Home Telephone:
Signature:	Date:
If there is further information you feel we should know but would prefer not to give in writing, please indicate the number and time to call you. <input type="checkbox"/> Church <input type="checkbox"/> Home Time of day:	

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Confidential Reference Form Grades 7 – 12 ONLY

The student named below is a candidate for Wayne Christian School. Please complete this form and return it within one week to the address above (Admission Office), or Fax to (919)735-5229.

Name of applicant _____ Candidate for grade _____

1. How well do you know the family? _____

2. How long have you known the applicant? _____

3. Does the applicant have any personal habits which would disqualify him/her from becoming an acceptable student? _____ If yes, explain _____

4. What outstanding abilities would you say the applicant possesses? _____

5. Has the applicant ever been disciplined or dropped from another school? _____ If yes, explain _____

6. Have you ever had occasion to question the applicant's morals? _____ If yes, explain _____

7. I recommend this student: without reservation with reservation could not recommend

8. Please use this space to give any additional information from above questions or other information which is pertinent.

Signature:

Date:

If there is further information you feel we should know but would prefer not to give in writing, please indicate the number and time to call you. Telephone Number: _____ Time of day: _____

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Student Medical Form

Name of Student: _____ Birth Date: _____

Name of Parent or Guardian: _____

Address _____ City _____ State _____ Zip _____

A. Medical History: (To be completed by the parent)

- a. Is your child allergic to anything? ____ Yes ____ No If yes, what?

- b. Is your child under a doctor's care? ____ Yes ____ No If yes, why?

- c. Any previous hospitalizations or operations? ____ Yes ____ No If yes, what?

- d. Is your child on any continuous medication? ____ Yes ____ No If yes, what?

- e. Any history of diseases or recurrent illness? ____ Yes ____ No If yes, what are they (diabetes, convulsions, heart trouble, etc.)?

- f. Does your child have any physical disabilities? ____ Yes ____ No If yes, please describe:

- g. Does your child have any mental disabilities? ____ Yes ____ No If yes, please describe:

B. Physical Examination: (To be completed by a licensed physician, a certified nurse practitioner, or a public health nurse)

Height ____% Weight ____% Head ____ Eyes ____ Ears ____ Nose ____ Teeth ____

Throat ____ Neck ____ Heart ____ Chest ____ Abd/GU ____ Ext ____ Skin ____

Neurological System _____ Should activities be limited? ____ Yes ____ No If yes, please explain:

Results of Tuberculin Test, if given: Type ____ Date ____ Normal ____ Abnormal ____

Any other recommendations?

Examiner's signature/title

Date _____

C. Immunization History: A copy of the student's immunization record must be attached.

WCS has permission to seek medical care if necessary.

Parent Signature: _____ Date: _____

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Records Request Form

Name of Former School: _____

Address of School: _____

City: _____ State: _____ Zip: _____

Principal: _____ School Phone: _____

Please forward Wayne Christian School a complete academic file, health records and any special psychological testing pertaining to:

Student's Name: _____

Date of Birth: _____

Grade Level: _____

Thank you so much for your prompt attention to the above request.

Parent's Signature

Date

Principal's Signature

Date

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2009 – 2010 RATES

Tuition & Extended Care

Grade	Annual Tuition Fees not included. See chart below.	With Yearly Extended Care (Afternoon ONLY or Morning & Afternoon) Year based on school year not calendar year.	With Yearly Extended Care (Morning ONLY) Year based on school year not calendar year.
K5 -12 th Grade	\$4,000	\$5,400	\$4,560

Tuition Discounts

Second Student	15%
Third Student	15%

Fees (All fees are nonrefundable)

Registration (Paid at time of registration)	\$200
Late Registration For students not registered by March 2, 2009	\$100
New Student Processing	\$100
Books: Invoice will NOT be sent. 1 installment \$400.00 due by July 15, 2009 2 installment \$200.00 due by June 15, 2009 & \$200.00 due by July 15, 2009	\$400

Drop-In Extended Care

Morning only	\$5.00
Afternoon only	\$10.00

Policies

Financial Policy: Returned Checks- Fee for returned checks is \$30.00. After receiving two returned checks, accounts will be notified by letter that they have been placed on a cash payment basis for the remainder of the current school year and thereafter, the school will accept only cashiers checks, money orders, or cash as payment for the school bills.

If a student is withdrawn from school after classes have begun, the parents are responsible to pay tuition through the end of that month.

Extended Care: If a student has not been picked up by 3:00 pm, the student will be sent to extended care and charged accordingly.

Payments: Payments are due by the 5th of each month. Any account not paid in full by the 5th will be assessed a \$30 late fee.

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Tuition Installment Plan (TIP)

To complete the registration process for the 2009-2010 school year, please select a Tuition Installment Plan and Extended Care Option (if applicable). **Return this form with your registration payment & enrollment form.**

Pre-School Enrollment Option : (4 yr. old kindergarten)

Full Day Student

½ Day Student

Tuition Installment Options:

1 Installment Pay in Full (On or Before August 1, 2009)

2 Installments Pay by Semester
(On or Before August 1, 2009 & January 1, 2010)

10 Installments August 2009 through May 2010

**Accounts for graduating students must be paid in full by May 1, 2010.*

Annual Extended Care Options:

Mornings Only.....\$560.00

Afternoon Only.....\$1,400.00

Mornings & Afternoons.....\$1,400.00

Once your Tuition Installment Plan has been processed by the finance office, any change will incur a \$25.00 reprocessing fee.

Tuition installments will be due on the 5th of each month, and a late fee of \$30.00 will be assessed on the 6th of each month.

Student Name	2009-2010 grade

Parent or Guardian

Signature: _____ Date _____