Worthington
CHRISTIAN SCHOOL

1770 Eleanor Street
Worthington, MN 56187
Office phone: 507.376.4861
worthingtonchristianschool.org

Initial Application

Father/Guardian Information:

First Name: _____
Last Name: _____
Address: _____
_____
Home Phone: _____
Cell Phone: _____
Work Phone: _____
Employer: _____
Email: _____

Mother/Guardian Information:

First Name: _____
Last Name: _____
Address: _____
_____
Home Phone: _____
Cell Phone: _____
Work Phone: _____
Employer: _____
Email: _____

Additional Information for Step-Parents and Legal Guardians: Please provide any relevant details about step-parents or legal guardians on a separate page. Important: WCS must be notified in writing if there are any restrictions regarding who is authorized or not authorized to transport your student(s) from WCS property or any school-sponsored event.

Emergency Contacts: Please provide contact information for at least two individuals who can be reached in case of an emergency if we are unable to contact you.

Name of emergency contact	Relationship to student	Phone
Name of emergency contact	Relationship to student	Phone

Student Information:

Name *(first, middle, last)*	Grade	Birthdate (MM/DD/YY)
Name *(first, middle, last)*	Grade	Birthdate (MM/DD/YY)
Name *(first, middle, last)*	Grade	Birthdate (MM/DD/YY)
Name *(first, middle, last)*	Grade	Birthdate (MM/DD/YY)

Parent/Guardian Signature _____ Date _____

By signing this form, you agree to the financial obligations and conditions outlined herein, as well as all other responsibilities associated with enrollment at WCS, including but not limited to those detailed in the WCS Handbook