

**WESTMINSTER SCHOOLS OF AUGUSTA**  
**ADMISSION APPLICATION FOR GRADES 6-12**

3067 WHEELER ROAD • AUGUSTA, GEORGIA 30909

Admissions Office: 706-731-5260, ext. 2201 • FAX 706-261-7786 • WEB www.WSA.net

**PLEASE ENCLOSE A \$75 APPLICATION FEE**

Applying for grade \_\_\_\_\_ Proposed year of entrance: 20\_\_\_\_ – 20\_\_\_\_ Present grade: \_\_\_\_\_ Gender:  Boy  Girl

**Student's name** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(ex. Jones, Kathryn Lynn) *Last* *First* *Middle* *Preferred name (ex. Katie Lynn)* *Date of Birth*

Street address \_\_\_\_\_ Home phone (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail address \_\_\_\_\_  
(Parents' preferred e-mail)

**Current/Last school attended** \_\_\_\_\_

Street address \_\_\_\_\_ City, ST, Zip \_\_\_\_\_

School telephone \_\_\_\_\_ School Head/Principal \_\_\_\_\_

**Father's full name** \_\_\_\_\_ **Preferred name** \_\_\_\_\_  
(Mr., Dr., Rev., etc. ex. Mr. James Fletcher Bright) (ex. Jim, Jimmy, James)

Relation to student:  Birth Father  Stepfather  Guardian  Adoptive Father  Other \_\_\_\_\_

Street address, City, ST, Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ E-mail \_\_\_\_\_

Business name \_\_\_\_\_ Occupation/position/title \_\_\_\_\_

Business address, City, ST, Zip \_\_\_\_\_ Bus. phone \_\_\_\_\_

Name of church \_\_\_\_\_ Member?  Yes  No

**Mother's full name** \_\_\_\_\_ **Preferred name** \_\_\_\_\_  
(Mrs., Dr., Ms., etc. ex. Dr. Eleanor Wyatt Bright) (ex. Ellie, Eleanor, Elle)

Relation to student:  Birth Mother  Stepmother  Guardian  Adoptive Mother  Other \_\_\_\_\_

Street address, City, ST, Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ E-mail \_\_\_\_\_

Business name \_\_\_\_\_ Occupation/position/title \_\_\_\_\_

Business address, City, ST, Zip \_\_\_\_\_ Bus. phone \_\_\_\_\_

Name of church \_\_\_\_\_ Member?  Yes  No

**Applicant primarily resides with:**  Mother and Father  Mother  Father  Legal Guardian  Stepfather  Stepmother

**Please check all that apply:**  Father is deceased  Mother is deceased  Birth parents are divorced  Birth parents are separated

Please list the **name**, **birth date**, **grade**, and **school** of all brothers and sisters of the applicant. Check below if also applying to Westminster.

\_\_\_\_\_ Applying to WSA?

\_\_\_\_\_ Applying to WSA?

\_\_\_\_\_ Applying to WSA?

\_\_\_\_\_ Applying to WSA?

FOR OFFICE USE Date received \_\_\_\_\_ Total paid \$ \_\_\_\_\_  Cash  Check Received by \_\_\_\_\_

**PARENTS:** Information on the reverse side is vital to help us place your child. All information will be treated confidentially and does not preclude consideration for admission. Please answer fully (use a separate sheet of paper if necessary) and to the best of your knowledge.

- Has the applicant ever been: **Suspended?** Yes No    **Expelled?** Yes No    **Asked to withdraw?** Yes No    **Withdrawn mid-year by parent?** Yes No

If so, please give full particulars on a separate sheet of paper, including the date, school, address, and the principal's name and phone number.

- Has the applicant been tutored outside the regular classroom setting during the current or previous school year? Yes No  
(if yes, please explain) \_\_\_\_\_

- Does the applicant have any emotional or behavioral issues or disabilities? Yes No  
(if yes, please explain) \_\_\_\_\_

- Has the applicant ever been tested or evaluated for learning disabilities? Please indicate if student has an IEP (including attention deficit or hyperactivity).  
Yes No (if yes, please explain)

- Please list applicant's medical conditions (allergies, asthma, epilepsy, eyes, ears, etc.). \_\_\_\_\_

- Do you have any other information that may assist us as we consider your child for admission? Use the space below or attachments if necessary. Please include any spiritual, emotional, academic, or medical information not stated elsewhere.

- Has the applicant ever been arrested and/or charged for a misdemeanor or a felony? Yes No (if yes, please explain) \_\_\_\_\_

- How did you find out about Westminster? Who referred you? \_\_\_\_\_

- Why do you want your child to attend Westminster? \_\_\_\_\_

### REQUIRED SIGNATURES & APPLICATION FEE

This application may only be submitted by the custodial parents or legal guardian of the applicant. It is understood that parents or guardians assume the responsibility for payment of all fees applicable to each school year, should their child be enrolled. The signatures below also certify that the applicant is of good character and agrees to abide by the regulations of the school.

Please include copies of your child's **certified birth certificate, any recent report cards, and standardized testing results from your personal files.** Although it is **your** primary responsibility to obtain all required documents, your signature also authorizes Westminster to contact your child's current and/or former school for teacher evaluations, recommendations, achievement tests, attendance and behavioral records, aptitude test results, transcripts and any additional information which will assist Westminster in its evaluation of your child.

This application will be processed when the admissions office receives the \$75 **application fee** paid in full, the official **transcript**, and the **teachers' recommendations** that you will request from the school or program your child attended last using the forms provided by the Westminster admissions office, and any other reports requested above. Please return these to Westminster Schools, Admissions Office, 3067 Wheeler Road, Augusta, GA 30909.

Father/Legal Guardian signature: \_\_\_\_\_ Mother/Legal Guardian signature: \_\_\_\_\_

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Westminster Schools of Augusta admits students to all programs available at the school and awards financial aid without regard to race, religion, color, and national or ethnic origin.**



