

A decorative border of small yellow stars surrounds the entire page.

Westside Christian Academy

2022 -2023 SCHOOL YEAR NEW STUDENT ENROLLMENT PACKET

9540 Bramell Street
Detroit, MI 48239
www.westsideca.org
ph. 313-255-5760
fax 313-255-0809



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Enrollment Process

K-3-K-5 Programs

- Birth Certificate & Immunization Record
- Proof that you do not have an outstanding balance to former school
- Students that are attending the K-3 program will be in K-4 the following years and Kindergarten.

Required for entrance in the 1st-8th grade

- Most current report card and behavioral report
- Birth Certificate & Immunization Record
- Proof that you do not have an outstanding balance to former school
- Copy of IEP, if applicable

Admission Screening/Testing

The applicant will participate in a screening and /or take an appropriate grade level test, depending on grade entering. The testing will be scheduled after all required paperwork has been submitted.

Parent/Guardian School Interview

Once your child/children application is completed, you will then be scheduled for an interview with school directors.

TUITION & FEES

<i>STUDENT(S)</i>	<i>ANNUAL RATE</i>	<i>MONTHLY PAYMENT (9 MONTHS: Sep. 1 – May 1 or Aug. 1 – Apr. 1)</i>
One child	\$4279	\$476
Two siblings	\$7,491	\$833
Three siblings	\$10,263	\$1141

<i>FEES</i>	<i>AMOUNT</i>	<i>DUE</i>
*Enrollment Fee	\$325.00 – 1 Student \$460.00 – 2 Students \$595.00 – 3 Students \$730.00 – 4 Students \$865.00 – 5 Students	Payment is due at the time of paperwork submission. Feb 10 – April 29, 25% is acceptable. Apr 30 – July 14, 50% is acceptable. After July 15, 100% is required.

Remaining Enrollment Fee Balance		50% by April 30 and 100% by July 15
Kid Kare Registration	\$10.00 (K3-5 th)	Due at the start of the school year
Late Tuition Payment	\$25.00	As incurred
Returned Check Fee	\$32.00	As incurred
K5 Graduation Dues	\$65	Feb. 1
8 th Gr Graduation Dues	\$100	March. 1

*The enrollment fee is NON-REFUNDABLE. This fee includes the processing of the application, the rental of textbooks, purchase of consumable workbooks, supplemental material technology fees, etc. **Lost and/or damaged school-related materials (such as Chromebooks, laptops, & calculators) will be an additional charge to your account.**



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Application for Student Admission Part I (1 per student)

School Year: _____ Grade to Enter: _____ Date of Birth: ____/____/____ Age: _____

Student Name _____ Home Phone _____

Student Cell: _____ Student Polo Size: _____

Current Address _____ City _____ Zip Code _____

Emergency Contact _____ Relationship _____ Phone _____

Student lives with: Both Parents Only Mother Only Father Other: _____

Marital Status: Married Widowed Divorced Separated Remarried Single

Father / Guardian 1

Mother / Guardian 2

Name: _____

Name: _____

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____

Name of Employer: _____

Name of Employer: _____

Business Phone: _____

Business Phone: _____

Step-Mother (If applicable) _____

Step-Father (If applicable) _____

Work Phone: _____

Work Phone: _____

Cell/Home: _____

Cell/Home: _____

INFORMATION CONCERNING TUITION

Who is responsible for the payment of tuition & fees? _____

If different than parent or guardian listed above, please list contact number and address here: _____

INFORMATION CONCERNING STUDENT

Has your child repeated any grade? Yes No If yes, state grade & reason: _____



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Application for Student Admission Part II (1 per student)

If your child has been homeschooled, please indicate grade/grades: _____

Has your child ever been expelled, dropped, or suspended by any school? Yes No

Has student ever had an IEP/504 Plan? Yes No If yes, do you have a copy Yes No

Complete the information below for schools attended:

Name of School	Address	Phone	Year

Has student had any disciplinary violations in school? _____ If yes, state briefly _____

Has your child ever had problems with attendance (tardiness)? _____

Has your child ever been dismissed from or refused admission to another school? _____

Briefly characterize your son or daughter? _____

How have he/she done in school so far? _____

What form of discipline have you found to work with your child? _____

Physical disabilities: _____

Does the student receive medication? Yes No Name of medication: _____

Reason for medication: _____

Do you attend church regularly Yes No Pastor Name: _____

Church Name _____ Address _____ City _____ Zip Code _____

List activities of your church in which you or your family participate besides Sunday worship: _____

What factors have provided the greatest impact on the spiritual life of your family? _____

Parent Signature: _____ **Date:** _____



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Enrollment Contract

- Complete the Application Form
- Submit the Enrollment Fee (see page 1)

Please read over this entire contract initial items, and sign at the bottom of the page.

1. Tuition

- Yearly: Payment in full for the year, 15% discount. Must be paid by July 1 deadline.
- Monthly Payment: September – May. Payments are due by the 1st of each month
- Monthly Payment: August – April. Payments are due by the 1st of each month

2. Internet Agreement: Part of the program of studies WCA involves the use of computer technology including Internet use. I understand that my child will use the internet for educational purposes under the direct supervision of a teacher.

Parent Initial _____

3. Photographs: Unless requested by me in writing apart from this contract, WCA has permission to use photographs/video of my child as a student in school newspapers, yearbook publications, and on the WCA website as appropriate and common for school communication and publicity.

Parent Initial _____

4. Handbook: Agree to read and abide by school policies as stated in the parent/student handbook.

Parent Initial _____

5. Lost/Damaged Textbook fee: \$35 or price of replacing the book.

Parent Initial: _____

6. Payment Policies and Procedures: Any returned check made to WCA will result in a \$25.00 fee by WCA. Payment received after the due date will result in a late charge of \$25.00. Late fees will be assessed after the 10th of the month. Students will not be allowed to continue school if payment arrangements are not made with the school. After 3 NSF, payment will require future payments to be made in the form of cashier’s check. Tuition and fees are non-refundable. I the parent/guardian have read and agree to abide by the stipulations as set forth in the WCA Tuition and Fee policies.

Parent Initial: _____

This contract becomes effective once signed and fees are paid

Parent Signature: _____

Date: _____



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Code of Conduct

Five Behaviors that are Strongly Expected of All Students

1. Treat everyone with respect
2. Encourage and support school staff and fellow students
3. Help to maintain a clean, well-ordered school
4. Honesty and truthfulness
5. Maximum effort to achieve good grades

Eleven Behaviors that May Lead to Suspension or Dismissal from School

1. Fighting
2. Bullying by words or action
3. Swearing
4. Lying
5. Cheating on a quiz or test
6. Stealing
7. Use of drugs or alcohol at school or away from school
8. Interference with the teacher's right to teach
9. Disobedience to administration or teachers
10. Damage to school or personal property
11. Non-compliance with the school dress code

**“Teach me knowledge and good judgment, for I trust your commands”
Psalm 119:66 (NIV)**

Parent/Guardian _____

Date _____

Child Signature _____

Date _____

Child Signature _____

Date _____

Child Signature _____

Date _____



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Release of Student Records Form (1 per student)

Today's Date ____ / ____ / ____

Student's Date of Birth ____ / ____ / ____

Child's Full Name _____
First Name Middle Name Last Name

Parent/Guardian Name _____

Parent/Guardian Signature _____

My child is currently enrolled in Westside Christian for the 2022-2023 school year and I give permission to:

(School most recently attended by student)

Address _____ Phone _____ Fax _____

To release my child's academic records to Westside Christian Academy. Please include all relevant records (i.e., special education, academic testing, official school records, medical records, and academic or disciplinary interventions).

**Please send the information to: Westside Christian Academy
9540 Bramell
Detroit, Michigan 48239**

FOR OFFICE USE ONLY

Process Date ____ / ____ / ____ Student's First day of School ____ / ____ / ____

Early Bird Special: _____ Enrollment Fee: _____ Tuition Amount: _____

Uniform Shirts: _____ Kid Kare Fee: _____



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Student Medical Release (1 per student)

Student name: _____ **Date of Birth:** _____

MEDICAL INFORMATION

Check the appropriate box if your student has or had any of the following medical conditions.

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Physical Handicap |
| <input type="checkbox"/> Asthmas | <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Respiratory Problem |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Dizziness or Fainting | |
| <input type="checkbox"/> Other: _____ | | |

Remarks: _____

Does your child take prescribed medication regularly? Yes No If yes, what medication?

Will your child require an epi-pen or asthma inhaler on site? Yes No If yes, please provide one to keep on site at school. If medication is taken at school, please provide medications and any instructions we need to know about administering this medication.

Is WCA authorized to give OTC medications? Yes No . If yes, then check all that are approved:

- Ibuprofen Acetaminophen Pepto-Bismol Cold & Cough Syrup Allergy Liquid

Emergency Contacts

The people listed below have authority to be contacted regarding the above named student in the event a parent/guardian cannot be reached. Contact must be 18 or older.

Last Name	First Name	Relationship to Student	Contact Number

In case of an emergency, we will provide this information to the hospital or physician on call.

Student's Physician: _____ Phone: _____

As the parent/legal guardian of the abovenamed minor, I authorize representatives of Westside Christian Academy to administer the medication mentioned above.

Parent/Guardian Signature: _____ Date: _____



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Student Pick-up Authorization

If you plan to have someone else other than you pick up your child/children, please fill out this form. **ONLY PERSONS NAMED ON THE FORM WILL BE ALLOWED TO PICK UP YOUR CHILD**, with you, the parent/guardian, calling the school first. Please note proper identification (Driver's License/ID) will be required.

Parent/Guardian Names: _____ (Please Print)
 _____ (Please Print)

Parents are automatically authorized for pick up

Student Name(s): _____

INDIVIDUALS AUTHORIZED FOR STUDENT PICK UP

Name of Pickup Person	Phone Number
Relationship to Student	Special Pickup Days or Instructions
Name of Pickup Person	Phone Number
Relationship to Student	Special Pickup Days or Instructions
Name of Pickup Person	Phone Number
Relationship to Student	Special Pickup Days or Instructions

INDIVIDUALS UNAUTHORIZED FOR STUDENT PICK UP

Name of Unauthorized Person(s):	Relationship to Student:
Please note that any parent who has legal custody (either shared or full) shall have legal authorization to pick up child unless legal documents to the contrary are presented to the school. DOCUMENT ON FILE: <input type="checkbox"/> YES <input type="checkbox"/> NO	

By filling out this form you authorize Westside Christian Academy to release your child to any authorized person listed.

Parent/Guardian Signature: _____ Date: _____



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Partial Tuition Assistance Application

Please ensure that you fully complete this form and attach all required documentation

This information will also be used as Free and Reduced Price School Meals Family Application, may be shared with Title 1 and other Federal Programs.

Names of all students in the household:

Name	School	Grade	Does this child receive assistance
_____	_____	_____	YES <input type="checkbox"/> NO <input type="checkbox"/>
_____	_____	_____	YES <input type="checkbox"/> NO <input type="checkbox"/>
_____	_____	_____	YES <input type="checkbox"/> NO <input type="checkbox"/>

Please check the annual tuition amount that applies to your family

- \$4279.00 for one child
 \$7491.00 for two children
 \$10,263.00 for three children

Is this your first year requesting a partial tuition assistance at WCA: Yes No

Total Household Gross Income – Please list the annual income amount for each person earning income in your household. All reported income must be accompanied with supporting documents. You also must present your most recent tax return.

Name	Earning from work	Other Income	Total
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

Signature: _____ **Date:** _____

***** FOR OFFICE USE ONLY *****

Amount Awarded: _____ **Approved by:** _____ **Date:** ____/____/____

Annual Tuition \$ _____ **Monthly Payment Amount: \$** _____