



2nd – 12th Grade Applicants

SUPPLEMENTAL APPLICATION MATERIALS REQUIRED

- Online Application and Fee
- Educational Profile
- 2 Teacher Recommendations
- 1 Christian Character Reference
- Student's Personal Statement

Wesleyan Christian Academy EDUCATIONAL PROFILE

Required for all 2nd - 12th grade applicants



CHILD'S NAME

GRADE

1. Has your child ever been diagnosed with a learning disability and/or ADHD? Yes No
If yes, please describe and attach documentation: _____
2. Has your child ever received any type of tutoring or therapy? Yes No
If yes, please explain: _____
3. Has your child ever been assigned an Individualized Education Plan (I.E.P.)? Yes No
If yes, please explain: _____
4. Has your child ever taken any type of psychiatric, psychological, or educational testing other than regularly admitted school achievement tests? *If yes, please attach copies of these tests and recommendations to this application.* Yes No
5. Has your child had any physical, emotional, social, or mental difficulties that may affect activities or progress?
If yes, please explain: _____ Yes No
6. Has your child ever repeated a grade? Yes No
If yes, which grade? _____ What was the reason? _____
7. Has your child had any discipline problems or been suspended or expelled? Yes No
If yes, please explain: _____
8. Can your child speak / comprehend English fluently? Yes No
If not, what measures are in place to achieve this? _____

ADDITIONAL INFORMATION

1. Have all financial obligations been fulfilled at all previous schools? Yes No
If no, please explain: _____
2. Please state clearly why you wish to send your child to Wesleyan Christian Academy: _____

3. List any awards/honors your child has earned: _____
4. List any sports or extracurricular activities of interest: _____
5. Is there any special information Wesleyan needs to know about your child in order to work with him/her more effectively?

EDUCATIONAL HISTORY

Present School	Current Grade	Dates Attended	Type of School (Public / Charter / Private / Other)
School Address (Street / City / ST / Zip)			Phone #
Former School #2	Grade(s)	Dates Attended	Type of School (Public / Charter / Private / Other)
School Address (Street / City / ST / Zip)			Phone #
Former School #3	Grade(s)	Dates Attended	Type of School (Public / Charter / Private / Other)
School Address (Street / City / ST / Zip)			Phone #

Wesleyan Christian Academy
LEGACY / GRANDPARENT INFORMATION

Required for all 2nd - 12th grade applicants



CHILD'S NAME

GRADE

WESLEYAN LEGACY INFORMATION

Are any of the applicant's parents or grandparents Wesleyan Christian Academy alumni*? Yes No

If yes, please complete the following:

Name of Graduate (First MI Last) (at the time of graduation)

Graduation Year

Relationship to the applicant (Mother/Father/etc..)

Name of Graduate (First MI Last) (at the time of graduation)

Graduation Year

Relationship to the applicant (Mother/Father/etc..)

Name of Graduate (First MI Last) (at the time of graduation)

Graduation Year

Relationship to the applicant (Mother/Father/etc..)

**To be considered Wesleyan Christian Academy alumni, the individual must have received a high school diploma from Kernersville Wesleyan Academy (KWA) or Wesleyan Christian Academy (WCA).*

GRANDPARENT CONTACT INFORMATION

Paternal Grandfather

Title First MI Last

Address (Street)

City / ST / ZIP

Occupation Current or Retired

Paternal Grandmother

Title First MI Last

Address (Street)

City / ST / ZIP

Occupation Current or Retired

Maternal Grandfather

Title First MI Last

Address (Street)

City / ST / ZIP

Occupation Current or Retired

Maternal Grandmother

Title First MI Last

Address (Street)

City / ST / ZIP

Occupation Current or Retired

Wesleyan Christian Academy TEACHER RECOMMENDATION

Required for all 2nd – 12th grade applicants



CHILD'S NAME

GRADE

PARENT / GUARDIAN INSTRUCTIONS:

Students applying to grades 2-12 are required to submit two (2) Teacher Recommendations. Please give this form to your child's current core subject teachers. To ensure confidentiality, please ask your child's teacher to return this form directly to Wesleyan Christian Academy or return to you in a sealed and signed envelope within two weeks.

We give permission for the evaluator to release the information on this form to the school to which we are applying. Upon the parents' request, this form may be shared with other schools to which the student is applying. **We understand as parents we will not have access to this confidential information and that it will not become part of our child's permanent record.**

Parent / Guardian Signature

Date

TEACHER INSTRUCTIONS:

As part of the admission's process at Wesleyan Christian Academy, all students applying to grades 2-12 are required to submit a recommendation from a teacher / guidance counselor / school principal. The student named below has chosen you to complete this recommendation. All comments will be kept confidential.

Child's Name (First MI Last)

Current Grade

Entering Grade

Evaluation Date

Recommender's Name (First MI Last)

Position / Title

Name of School

Number of years of teaching experience

How do you know the student?

How long have you known the student?

Please rank the student by marking the box that best fits your answer. If you need additional space for comments, please use the space provided on the reverse side.

Student Characteristic	Superior	Good	Average	Below Average	Poor
Academic ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationships with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acceptance of correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work ethic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you have reservations about re-admitting this student to your school? Yes No

How strongly would you recommend this student for admission to Wesleyan Christian Academy? Please attach additional paper if needed.

Very Strongly	Strongly	Somewhat	With Hesitation	Not At All
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Wesleyan Christian Academy CHRISTIAN CHARACTER REFERENCE

Required for all 2nd - 12th grade applicants



CHILD'S NAME _____

GRADE _____

PARENT / GUARDIAN INSTRUCTIONS:

Students applying to grades 2-12 are required to submit one (1) Christian Character Reference. Please give this form to your child's current pastor, youth pastor, or Sunday school teacher. To ensure confidentiality, please ask your child's pastor to return this form directly to Wesleyan Christian Academy or return to you in a sealed and signed envelope within two weeks.

We give permission for the evaluator to release the information on this form to the school to which we are applying. Upon the parents' request, this form may be shared with other schools to which the student is applying. **We understand as parents we will not have access to this confidential information and that it will not become part of our child's permanent record.**

Parent / Guardian Signature _____

Date _____

CHRISTIAN CHARACTER REFERENCE INSTRUCTIONS:

As part of the admission's process at Wesleyan Christian Academy, all students applying to grades 2-12 are required to submit a recommendation from a pastor, youth pastor, or Sunday school teacher. The student named below has chosen you to complete this recommendation. All comments will be kept confidential.

Child's Name (First MI Last) _____

Current Grade _____

Entering Grade _____

Evaluation Date _____

Recommender's Name (First MI Last) _____

Position / Title _____

Name of Church / Organization _____

How do you know the student? _____

How long have you known the student? _____

Please rank the student by marking the box that best fits your answer. If you need additional space for comments, please use the space provided on the reverse side.

Student Characteristic	Superior	Good	Average	Below Average	Poor
Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Christian Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationships with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work ethic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service-oriented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you have reservations about working with this student in the future? Yes No

How strongly would you recommend this student for admission to Wesleyan Christian Academy? Please attach additional paper if needed.

Very Strongly	Strongly	Somewhat	With Hesitation	Not At All
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Wesleyan Christian Academy
STUDENT'S PERSONAL STATEMENT

Required for all 5th - 12th grade applicants



CHILD'S NAME

GRADE

STUDENT INSTRUCTIONS:

New students wishing to enroll in Wesleyan Christian Academy in grades 5-12 must complete the information requested below. Once complete, please return this form to the main academy office at Wesleyan Christian Academy.

This document should be completed in the student's handwriting.

Child's Name (First MI Last)

Current Grade

Entering Grade

Today's Date

1. Why do you want to enroll at Wesleyan Christian Academy?

2. Have you personally accepted Jesus Christ as your Savior?

Yes

No

If yes, please describe your relationship to Jesus Christ and how you came to such a commitment.

If no, describe why the Christian emphasis at Wesleyan Christian Academy appeals to you.

ACKNOWLEDGE OF UNDERSTANDING

By signing below, I acknowledge that the handwriting above is my own. I have read and understand Wesleyan Christian Academy's mission and I affirm that it is my desire to maintain the expectations outlined and conveyed in the admission materials.

Student's Name (First MI Last) Please Print

Student's Signature

Date