

Parent / Guardian Information

Last _____ First _____

Child lives with above person: full time part time does not reside with this parent/guardian

Relation to child: Parent Step-Parent Grandparent Aunt/Uncle Legal Guardian (circle one)

Present Address (if different from student's): _____ City: _____ Zip Code: _____

Occupation: _____ Employer: _____

Employer's Address: _____ Phone (_____) _____

Best Phone Number to Use to Reach This Parent/Guardian: (_____) _____

Parent / Guardian Information

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Occupation: _____ Employer: _____

Employer's Address: _____ Phone (_____) _____

Best Phone Number to Use to Reach This Parent/Guardian: (_____) _____

IMPORTANT.....Are there any activities your student is not allowed to participate in: (Please list)

I / We hereby certify that all information completed on this application is complete and true. I / We further understand that any falsification of information may result in the applicant being denied admission to WayPoint, or expelled if previously admitted.

By checking this box I give permission for my student to ride in a school vehicle with WayPoint faculty and/or staff to field trips within a 25 mile radius of the Academy for the school year 2010-2011. Furthermore, I give permission to the adults on these field trips to provide my student emergency medical care as necessary. I understand that every effort will be made to contact me prior to providing care.

Parent / Guardian Signature

Date

How did you first find out about WayPoint Academy?

Friend Facility Sign Billboard Television

Family Newspaper Internet Mail Piece Sent to My Home

Radio Other _____

It is the policy of WayPoint not to discriminate on the basis of race, religion, national origin, sex, sexual orientation, age, marital status, height, weight or handicap in its application process, educational programs, activities and services.