



**Winona Christian School**  
1014 South Applegate Street  
Winona, MS 38967

662-283-1169  
[www.winonachristian.org](http://www.winonachristian.org)

---

APPLICATION FOR ADMISSION  
2016-2017

Application for Returning Student/New Student: This packet is for a family that currently has student(s) enrolled in Winona Christian School or new students.

**Registration** for **2016-2017** school year will be done by printing the application from [www.winonachristian.org](http://www.winonachristian.org) or by obtaining the application from the WCS business office between the hours of 8:00 and 3:00.

Please complete the student information for EACH student who will be attending WCS during the 2016-2017 school year. Please print the complete Registration packet which includes the following:

\_\_\_\_\_ **Application for Admission**

\_\_\_\_\_ **Payment Agreement**

\_\_\_\_\_ **Contract**

To receive a \$300.00 per child discount, all 3 components of the registration packet must be returned on or before May 1, 2016.

A non-refundable **\$200** registration fee must accompany all applications. Tuition that is paid will also be non-refundable.

Please return application to: **Winona Christian School**  
**1014 South Applegate Street**  
**Winona, MS 38967**



APPLICATION FOR ADMISSION  
WINONA CHRISTIAN SCHOOL 2016-2017

---

**Student 2:**

Full Name \_\_\_\_\_ Application Date \_\_\_\_\_  
Last First Middle

Preferred Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_ Gender \_\_\_\_\_

Student's Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
P.O. or Box

City State Zip Student Cell# \_\_\_\_\_

Student's e-mail \_\_\_\_\_

Name of present school if other than Winona Christian \_\_\_\_\_

Address \_\_\_\_\_  
P.O. or Box  
City State Zip

Has the applicant ever been expelled, denied re-enrollment at a school or counseled not to return to a school? \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

Has the applicant ever been the subject of any law enforcement action? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Is applicant currently taking prescribed medication? If yes, please provide the name of the medication:

\_\_\_\_\_

Medical concerns or needs \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

APPLICATION FOR ADMISSION  
WINONA CHRISTIAN SCHOOL 2016-2017

---

**Student 3:**

Full Name \_\_\_\_\_ Application Date \_\_\_\_\_  
Last First Middle

Preferred Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_ Gender \_\_\_\_\_

Student's Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
P.O. or Box

City State Zip Student Cell# \_\_\_\_\_

Student's e-mail \_\_\_\_\_

Name of present school if other than Winona Christian \_\_\_\_\_

Address \_\_\_\_\_  
P.O. or Box  
City State Zip

Has the applicant ever been expelled, denied re-enrollment at a school or counseled not to return to a school? \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

Has the applicant ever been the subject of any law enforcement action? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Is applicant currently taking prescribed medication? If yes, please provide the name of the medication:

\_\_\_\_\_

Medical concerns or needs \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPLICATION FOR ADMISSION  
WINONA CHRISTIAN SCHOOL 2016-2017

---

**Student 4:**

Full Name \_\_\_\_\_ Application Date \_\_\_\_\_  
Last First Middle

Preferred Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_ Gender \_\_\_\_\_

Student's Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
P.O. or Box

City State Zip Student Cell# \_\_\_\_\_

Student's e-mail \_\_\_\_\_

Name of present school if other than Winona Christian \_\_\_\_\_

Address \_\_\_\_\_  
P.O. or Box  
City State Zip

Has the applicant ever been expelled, denied re-enrollment at a school or counseled not to return to a school? \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

Has the applicant ever been the subject of any law enforcement action? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Is applicant currently taking prescribed medication? If yes, please provide the name of the medication:

\_\_\_\_\_

Medical concerns or needs \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



APPLICATION FOR ADMISSION  
WINONA CHRISTIAN SCHOOL 2016-2017

---

Students at Winona Christian are required to provide the following along with this completed packet: (Please see the appropriate grade level)

- K2-K4            Students entering K2-K4
- Certified Birth Certificate – Please mail a certified copy of your child’s Birth Certificate to remain at Winona Christian as part of his/her permanent record.
  - Copy of Social Security Card
  - Mississippi Immunization Certificate
- K5                Students entering K5
- Certified Birth Certificate – Please mail a certified copy of your child’s Birth Certificate to remain at Winona Christian as part of his/her permanent record.
  - Copy of Social Security Card
  - Mississippi Immunization Certificate
  - Winona Christian Development Testing
- 1<sup>st</sup>-5<sup>th</sup>            Students entering 1<sup>st</sup> through 5<sup>th</sup>
- Copy of Social Security Card
  - Mississippi Immunization Certificate
  - Most Recent Report Card
  - Achievement Test Scores
  - Contact information from previous school attended
- 6<sup>th</sup>-8<sup>th</sup>            Students entering 6<sup>th</sup> through 8<sup>th</sup> Grades
- Copy of Social Security Card
  - Mississippi Immunization Certificate
  - Most Recent Report Card
  - Achievement Test Scores
  - Contact information from previous school attended
  - Drug Test: All applicants must complete and pass a drug test screening process prior to acceptance at Winona Christian
- 9<sup>th</sup>-12<sup>th</sup>           Students entering 9<sup>th</sup> through 12<sup>th</sup> Grades
- Copy of Social Security Card
  - Mississippi Immunization Certificate
  - Most Recent Report Card
  - Achievement Test Scores
  - Transcript
  - Contact Information from previous school attended
  - Drug Test: All applicants must complete and pass a drug test screening process prior to acceptance at Winona Christian
  - Winona Christian Admission Test

APPLICATION FOR ADMISSION  
Winona Christian School 2016-2017

---

Father's Full Name	_____	Mother's Full Name	_____
Home Address	_____ _____	Home Address	_____ _____
Home Phone #	_____	Home Phone #	_____
Cell Phone #	_____	Cell Phone #	_____
E-mail	_____	E-mail	_____
Employer	_____	Employer	_____
Business Number	_____	Business Number	_____
WCS Alumnus	Year _____	WCS Alumna	Year _____
		Maiden Name	_____

Check all that apply:

Parents Married       Parents Separated       Joint Custody  
 Single Parent       Divorced       Mother Deceased       Father Deceased

Students lives with:

Mother & Father       Mother       Father       Guardian(s)  
 Stepmother       Stepfather

If parents are divorced or separated, to whom should correspondence be sent?

Both Parents       Mother       Father

If parents are divorced, who has legal custody?

Joint Custody       Mother       Father

Name of contact NOT at student's home: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_



**FINANCIAL AGREEMENT  
WINONA CHRISTIAN SCHOOL 2016-2017**

---

**Registration Fee:** \$200.00. Payment must be submitted with application.

**2016-2017 Tuition:** Tuition may be paid according to Plan I, II, III or IV.

**Plan I** - is a One-Time payment for full tuition on **August 10, 2016.**      \$ \_\_\_\_\_

**Plan II** - is a 2 payment plan due on **August 10, 2016 and January 10, 2017.** \$ \_\_\_\_\_

**Plan III – Payment per Month:**    12 monthly payments June 2016-May 2017    Mthly Payment \$ \_\_\_\_\_

Tuition	\$ _____
Registration	\$ _____
Building Maint.	\$ _____
Book Fee	\$ _____
Activity Fee	\$ _____
Testing	\$ _____
Tickets	\$ _____
Annual	\$ _____
Other	\$ _____
Multiple Student Discount K2-K4	\$ _____
Bus (\$750.00/family if applicable)	\$ _____
Total	\$ _____

**Plan III** payments can be made by monthly (June 2016-May 2017) bank drafts that will occur on dates indicated below or monthly post-dated checks deposited on dates indicated below. Please circle the type of Payments and Preferred dates of Payments.

**Bank Draft**

Date of Drafts 10<sup>th</sup>    20<sup>th</sup>    30<sup>th</sup>

Enclose voided check if drafting payment

**Post Dated Checks**

Date to Deposit Checks 10<sup>th</sup>    20<sup>th</sup>    30<sup>th</sup>

Enclose 12 post-dated checks

---

**FINANCIAL AGREEMENT  
WINONA CHRISTIAN SCHOOL 2016-2017**

---

**Payment Plan IV - Payment per Month: 10 monthly payments Aug. 2016- May 2017 Mthly Payment \$ \_\_\_\_\_**

Tuition	\$ _____
Registration	\$ _____
Building Maint.	\$ _____
Book Fee	\$ _____
Activity Fee	\$ _____
Testing	\$ _____
Tickets	\$ _____
Annual	\$ _____
Other	\$ _____
Multiple Student Discount K2-K4	\$ _____
Bus (\$750.00/family if applicable)	\$ _____
Total	\$ _____

**Plan IV** payments can be made by monthly (August 2016-May 2017) bank drafts that will occur on dates indicated below or monthly post-dated checks deposited on dates indicated below. Please circle the type of Payments and Preferred dates of Payments.

**Bank Draft**

Date of Drafts 10<sup>th</sup> 20<sup>th</sup> 30<sup>th</sup>

Enclose voided check if drafting payment

**Post Dated Checks**

Date to Deposit Checks 10<sup>th</sup> 20<sup>th</sup> 30<sup>th</sup>

Enclose 10 post-dated checks

---

**FINANCIAL AGREEMENT  
WINONA CHRISTIAN SCHOOL 2016-2017**

---

**Bank Draft Authorization Form**

Please complete this bank draft authorization form and return along with a voided check.

Name of Bank \_\_\_\_\_

City/State of Bank \_\_\_\_\_

Bank ABA Number \_\_\_\_\_

Ban Account Number \_\_\_\_\_

Amount of Draft:     \$ \_\_\_\_\_

Date of Draft: 10<sup>th</sup>    20<sup>th</sup>  30<sup>th</sup>

I hereby authorize Winona Christian School to draw monthly drafts against my bank account. I further authorize the bank to pay and charge to my account, monthly checks drawn in the amount listed above.

The above authorization is to remain in force until revoked by me in writing.

\_\_\_\_\_  
Signature accepted by Bank

**\*\*\* A VOIDED CHECK MUST ACCOMPANY THIS FORM\*\*\*  
Attach Check Here**

EDUCATIONAL CONTRACT  
WINONA CHRISTIAN SCHOOL 2016-2017

---

EDUCATIONAL CONTRACT  
WINONA CHRISTIAN SCHOOL

Total Tuition	\$ _____
Tuition Payable	\$ _____
Registration/Testing Paid	\$ _____
Total Due	\$ _____

This contract made and entered into this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_, by and between \_\_\_\_\_, hereafter called the parent, guardians, or persons in loco parentis, and hereinafter called the corporation.

WINTESSETH: For and in consideration of the sum of \$ \_\_\_\_\_ due and payable as set out in this contract, WINONA CHRISTIAN SCHOOL does hereby agree to provided education under a fully accredited curriculum in accordance with the rules and regulations as promulgated by its Board of Directors to the child or children listed below in the grade level for which said child or children are enrolled for the 2016-2017 school year. Persons enrolling said child or children as the parents, guardians, or persons in loco parentis hereby give their consent that the child or children enrolled hereunder will be subject to all rules and regulations of the corporation as promulgated by the Board of Directors. It is specifically understood by the person enrolling the child or children hereunder that the rules and regulations of the corporation provide for, among other things, corporal punishment for disciplinary reasons, and a random drug testing/screening policy for all students to detect and prevent illegal drug use. Said parents, guardians, or person in loco parentis hereby consent and agree that said children enrolled hereunder may be corporally punished by the Administration under appropriate circumstance without notice to them, and will be administrated random drug test/screens. I have read and fully understand the drug testing/screening policy and do hereby release the corporation from any liability whatsoever arising as a result of the drug testing/screen program.

This contract is essential in order that the corporation may secure and maintain the necessary faculty and physical facilities for the education of the children which the parents, guardians, or persons in loco parentis, wish to enroll in its school for 2016-2017 SESSION. I understand that in signing this Enrollment Contract for the coming academic year, I am agreeing to accept the rules and regulations of the school as stated in the current Student and Athletic Handbooks and the rule concerning payment of fees and as referred to above. I understand that I am responsible for the full amount of this contract unless released for the remainder of balance by the Board of Directors, and that I will not be eligible for any refund unless having paid tuition in full. I agree to the policy of the school that no student will be permitted to take examinations nor will grades and transcripts be released unless the amount has been paid in full.

EDUCATIONAL CONTRACT  
WINONA CHRISTIAN SCHOOL 2016-2017

---

The undersigned acknowledge and agree that Winona Christian School retains the right at any time during the period of this contract to terminate this contract and dismiss the student(s) from Winona Christian School if, in the discretion of the Administration, such action is warranted. In the event the student(s) is dismissed from the school pursuant to and in accordance herewith, then in that event, the unearned portion of the tuition (per student) shown on the contract shall constitute full damages and liquidated damages in favor of the affected student, his parents, guardians, and persons in loco parentis.

Winona Christian School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. Winona Christian School does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school administered programs.

_____	_____
Student	Grade
_____	_____
Student	Grade
_____	_____
Student	Grade
_____	_____
Student	Grade
_____	
Parent, Guardian, and Person in Loco Parentis	

For the value received I/We, jointly and severally, promise to pay to the order of Winona Christian School, a Mississippi non-profit corporation, \$ \_\_\_\_\_ paid in \_\_\_\_\_ Equal consecutive installments on the same day of each succeeding month thereafter until all said equal installments are paid, or in one lump sum payment.

In the event of default in making payment of any installment on the date required therefore, the hold may declare due and payable the entire unpaid balance of the note. I/We hereby authorize Winona Christian School to automatically draft my account in the amount of \$35.00 for every check and/or bank draft which is returned as unpaid until such authorization is revoked in writing.

The makers, guarantors, and endorses of this note hereby waive presentment, demand protest, and notice of dishonor and hereby agree to remain bound for the payment of this note notwithstanding any extension or extensions of time payment of it, made by agreement with any one of more parties hereto, and agree to pay all expenses incurred in collecting the same, including a 15% attorney's fee in case this note shall not be paid at maturity or when declared due and payable as provided herein. It shall be payable in lawful money of the United States of America acceptable as legal tender under the acts of congress.

Negotiable and payable at Winona Christian School

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State Zip

Personally appeared before me, the undersigned authority in and for the said State of Mississippi and the County of Montgomery, who acknowledged that \_\_\_\_\_ signed and delivered the foregoing contract. Witness my official signature and seal of office, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires