



Winona Christian School
1014 South Applegate Street
Winona, MS 38967
662-283-1169
www.winonachristian.org

APPLICATION FOR ADMISSION 2023-2024

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 **2023-2024** school year will be done by printing the application from 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 2023-2024 school year. Please print the complete Registration packet which includes the following:

- _____ **Application for Admission**

- _____ **Payment Agreement**

- _____ **Contract**

A non-refundable **\$250** registration fee per family is due at the time of registration. Tuition that is paid will also be non-refundable.

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

Raffle Ticket # _____

APPLICATION FOR ADMISSION
WINONA CHRISTIAN SCHOOL 2023-2024

Student 1:

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 2023-2024

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 2023-2024

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 2023-2024

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 2023-2024

Student 5:

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 2023-2024

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
 - Copy of Social Security Card
 - Mississippi Immunization Certificate
- K5 Students entering K5
- Certified Birth Certificate
 - Copy of Social Security Card
 - Mississippi Immunization Certificate
 - Winona Christian Development Testing
- 1st-5th Students entering 1st through 5th
- Certified Birth Certificate
 - Copy of Social Security Card
 - Mississippi Immunization Certificate
 - Most Recent Report Card
 - Achievement Test Scores
 - Contact information from previous school attended
- 6th-8th Students entering 6th through 8th Grades
- Certified Birth Certificate
 - 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
- 9th-12th Students entering 9th through 12th Grades
- Certified Birth Certificate
 - 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 2023-2024

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 2023-2024**

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: 10th 20th 30th

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 2023-2024

EDUCATIONAL CONTRACT
WINONA CHRISTIAN SCHOOL

Total Tuition \$ _____

This contract made and entered into this _____ day of _____, 202____, 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 2023-2024 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 2023-2024 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 2023-2024

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

2023-2024 Notarized Contract

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