



Word of Life Christian Academy
5225 Backlick Road, Springfield, VA 22151
Phone: 703-354-4222 FAX: 703-750-1306

Application for Summer Program 2010

Applicant's Name: _____

Address: _____

Home phone: _____ Alternate phone: _____

Parent/guardian's Name(s): _____

Work phone: _____ Cell phone: _____

Employer: _____

Parent/guardian's Name(s): _____

Work phone: _____ Cell phone: _____

Employer: _____

Applicant's Information

Current grade: _____ Male Female

Date of birth: _____ Social Security Number: _____

Session 1 and 2 are for repeat classes (you may take 2)

Session 1 _____

Session 2 _____

Applicant's School Information: **No transcript will be sent unless this information is provided

**

Current School: _____

**

Address: _____

**

School Phone: _____

**

FAX: _____

**

Guidance Counselor's Name: _____

**

Phone Number: _____

Has applicant ever skipped a grade? _____ If so, which? _____

Has applicant ever been expelled from school? _____ If so, when? _____

Has applicant ever repeated a grade? _____ If so, which? _____

Does applicant currently have an IEP, 504, or child study plan? Yes No (I understand that there are no accommodations provided for my student during summer school.)

Please explain briefly: _____

Is applicant on any daily medications? _____

Please list them: _____

Does the applicant have any medical conditions of which the school should be aware? (please list)

Parent/guardian signature: _____ Date: _____

