

Winona Christian School
1014 South Applegate Winona, MS 38967
Phone (662) 283-1169 Fax (662) 283-3333

WE THE UNDERSIGNED PARENTS AND/OR GUARDIANS, HEREBY MAKE APPLICATION FOR THE ENROLLMENT FOR THE FOLLOWING STUDENT(S) AT WINONA CHRISTIAN SCHOOL.

Please fill out one per family.

Student Name _____ Home Phone _____

Address _____ City _____ State _____ Zip _____

New Student ___ Yes ___ No Sex ___ M ___ F DOB _____

Ethnic Origin (opt) ___ AA-African American, ___ A-Asian, ___ C-Caucasian, ___ H-Hispanic,
___ NA-Native American, ___ O-Other

Grade entering _____ Social Security Number _____

Last School Attended _____ Grade _____

Address _____ City _____ State _____ Zip _____

Parent Information

Father's Information

___ Dr. ___ Mr. _____ HM Phone _____ WK Phone _____

Address if Different for Students _____ City _____ ST _____ Zip _____

Employer (father) _____ Occupation _____

E-Mail Address _____ Cell/Pager _____

Mother's Information

___ Dr. ___ Mrs. ___ MS _____ HM Phone _____ WK Phone _____

Address if Different for Students _____ City _____ ST _____ Zip _____

Employer (Mother) _____ Occupation _____

E-Mail Address _____ Cell/Pager _____

Parents are: ___ Married, ___ Divorced, ___ Separated, ___ Other

Correspondence to: ___ Both Parents, ___ Mother, ___ Father, ___ Other _____

Student #2 Name _____ Grade _____

New Student: ___ Yes ___ No Sex: ___ M ___ F DOB _____ SS# _____

Student Lives with: ___ Both Parents, ___ Mother, ___ Father, ___ Other _____

Student #3 Name _____ Grade _____

New Student: ___ Yes ___ No Sex: ___ M ___ F DOB _____ SS# _____

Student Lives with: ___ Both Parents, ___ Mother, ___ Father, ___ Other _____

Student #4 Name _____ Grade _____

New Student: ___ Yes ___ No Sex: ___ M ___ F DOB _____ SS# _____

Student Lives with: ___ Both Parents, ___ Mother, ___ Father, ___ Other _____

In Case of Emergency Please Contact: _____

Doctor to be contacted in case of emergency: _____

Are there any allergies or other medical conditions that we should be aware of? _____

This contract made and entered into this _____ day of _____ by and between _____ hereinafter called the parents, guardians, or the persons in the loco parentis, and Winona Christian School, herein called the corporation.

WITNESSETH: That for and in consideration of the sum of _____ dollars, payable as stipulated below, the corporation does hereby agree to provide schooling to the following named child (ren) of the parents, guardians, or persons on loco parentis, to-wit:

_____ For the school term _____ in the school of the corporation provided that school standards are met. 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 the _____ session. This agreement shall be binding on the heirs, executors of administration of the parents, guardians, or persons on loco parentis. This contract shall not be assigned by either party herein.

WINONA CHRISTIAN SCHOOL, INC

BY: _____
Billy Graves, Board President

Parent, Guardian, or Person in Loco Parentis

For value received I/we jointly and severally, promise to pay to the order of Winona Christian School, Inc. \$ _____ dollars. _____ installments of each month, 20____, and in equal installments on the same day of each succeeding month thereafter until all said installments are paid, and a final installment of \$ _____ payable on the _____ day of _____ 20 _____. Payments shall be in the advance or bank draft authorization.

In the event of default of default in making payment of any installment on the date required therefore, the holder may declare due and payable the entire unpaid balance of the note. The makers, guarantors, and endorsers of this not hereby waive presentation, demand, protest, and notice of dishonor and hereby agree to remain bound for the payment of this note withstanding an extension or time payment of it, or any part of it, made by the agreement with one or more parties hereto, and agree to pay all expenses incurred in collecting the same, and payable as providing herein, payable in lawful money of the United States of America acceptable as legal under the Acts of Congress.

Negotiable and Payable

at _____

Address _____ Signature _____

Address _____ Signature _____

AUTHORIZATION FOR AUTOMATIC PAYMENT

I, Authorize Winona Christian School, Inc. and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such times to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

Name of financial institution _____

Branch _____

FULL Address of Financial Institution: _____

Signature _____ Date _____

