



2024-2025

STUDENT APPLICATION

Whispering Pines Christian School
240 State Hwy 16, Unit 1, Plymouth, CA 95669
www.whisperingpinesschool.com
(209) 245-4976

FORMS & INFORMATION



Student Information

Applicant name
First name Middle name Last name

Date of birth / / Gender Male Female Date of Application / /
MM DD YYYY MM DD YYYY

Application is for TK K 1st Grade 2nd Grade 3rd Grade 4th Grade 5th Grade 6th Grade
 7th Grade 8th Grade

Address
Street Address Apt/Suite City State Zip code

Mailing Address
(if different from address above) Street Address Unit City State Zip code

Family Information

Legal Guardian 1
First name Last name Relation to applicant

Phone Number () - Email

Employer Position
Write N/A if unemployed

Legal Guardian 2
First name Last name Relation to applicant

Phone Number () - Email

Employer Position
Write N/A if unemployed

Does the applicant have any siblings? Yes No If yes, please specify:

How many brothers does the applicant have? _____ How many sisters does the applicant have? _____

How many siblings of the applicant are enrolled or have previously applied for admission at WPCSD? _____

School Background

Please list all (if any) schools that the applicant has attended:

School name	Grades	Year(s) attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

In what grade was the applicant enrolled last semester? _____ Was the applicant promoted? _____

Has the applicant ever had an IEP (Individualized Education Program)? _____ If yes, please explain:

Has the applicant had any discipline problems in school? _____ If yes, please explain: _____

Church Interest

Does the family, as a unit, attend church?

<input type="radio"/> Yes, regularly	<input type="radio"/> Occasionally	<input type="radio"/> Never
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Does the child attend Sunday/Sabbath school?

<input type="radio"/> Yes, regularly	<input type="radio"/> Occasionally	<input type="radio"/> Never
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Church name _____

Denomination _____

Social and Emotional Development

Are there any unusual factors in the applicant's life? (e.g. Absence of father or mother, invalidism of either, unusual accidents or serious illness, adoption, disabilities, traumatic experiences, etc.) Please explain:

How does the applicant behave in new situations?

How does the applicant get along with others?

What activities does the applicant appear to like best?

Please list any other information you believe will be helpful to the school:



Confidential Student Health Record

Last name:		First name:		Middle name:	
Birthdate: / /		Sex:		Age:	
Height:		Weight (lbs):		Blood type:	
Race/Ethnicity:		Physician:		Address:	
Phone: () -		Health insurance carrier:		Group policy number:	
Emergency contact 1:		Phone: () -		Relation:	
Emergency contact 2:		Phone: () -		Relation:	

Personal History

Please select yes or no to the following questions.

Has the applicant ever experienced:

- | | | | | | |
|-------------------|---------------------------|--------------------------|-------------------------|---------------------------|--------------------------|
| Cancer/Tumor/Cyst | <input type="radio"/> Yes | <input type="radio"/> No | Ear infections | <input type="radio"/> Yes | <input type="radio"/> No |
| Diabetes | <input type="radio"/> Yes | <input type="radio"/> No | Rheumatic fever | <input type="radio"/> Yes | <input type="radio"/> No |
| Heart disease | <input type="radio"/> Yes | <input type="radio"/> No | High blood pressure | <input type="radio"/> Yes | <input type="radio"/> No |
| High cholesterol | <input type="radio"/> Yes | <input type="radio"/> No | Chicken pox | <input type="radio"/> Yes | <input type="radio"/> No |
| Tuberculosis | <input type="radio"/> Yes | <input type="radio"/> No | Shingles | <input type="radio"/> Yes | <input type="radio"/> No |
| Seizure disorder | <input type="radio"/> Yes | <input type="radio"/> No | Diphtheria | <input type="radio"/> Yes | <input type="radio"/> No |
| Thyroid disease | <input type="radio"/> Yes | <input type="radio"/> No | Epilepsy | <input type="radio"/> Yes | <input type="radio"/> No |
| Scarlet Fever | <input type="radio"/> Yes | <input type="radio"/> No | Whooping cough | <input type="radio"/> Yes | <input type="radio"/> No |
| Asthma | <input type="radio"/> Yes | <input type="radio"/> No | Anxiety/Panic attacks | <input type="radio"/> Yes | <input type="radio"/> No |
| Depression | <input type="radio"/> Yes | <input type="radio"/> No | Bleeding/blood disorder | <input type="radio"/> Yes | <input type="radio"/> No |
| Vision problem | <input type="radio"/> Yes | <input type="radio"/> No | Hepatitis A/B/C | <input type="radio"/> Yes | <input type="radio"/> No |
| Hearing loss | <input type="radio"/> Yes | <input type="radio"/> No | Malaria | <input type="radio"/> Yes | <input type="radio"/> No |
| Kidney problem | <input type="radio"/> Yes | <input type="radio"/> No | Urinary tract issues | <input type="radio"/> Yes | <input type="radio"/> No |

Does the applicant have any allergies? _____ If yes, please specify: _____

Does the applicant take any medication? _____ If yes, please specify: _____

Authorization and Consent: Treatment for Minors (under 18)

The law requires, with certain exceptions, that permission be obtained to provide medical care and treatment, including mental health and counseling services, to minor students. The undersigned hereby grants permission for medical care and treatment, including mental health and counseling, to be provided by Whispering Pines Christian School or any medical facility. I give my permission for such medical procedures as may be deemed necessary for my son/daughter.

Signature of parent/guardian

Date



Annual Tuition & Fees

Tuition

Students	Annual Tuition	10 Month Payment Plan	12 Month Payment Plan
K-8	\$4,800	\$480/month (August 2024-May 2025)	\$400/month (August 2024-July 2025)

The first payment is due by the first day of school, **Tuesday, August 13th, 2024**. Monthly payments are due on the **first of every month** and are considered late if not paid by 3:00 pm. If the first of the month falls on a Saturday or Sunday, tuition is due the following Monday (either the second or third of the month). A \$25 late fee will be charged to your account if tuition is not paid in full by the due date. Payments should be made by cash, check, money order, credit/debit (3.75% SVC fee will apply), or Venmo.

School Registration Fee (per student)

Enrollment Dates	Price
Enrolled on or before Monday, June 3, 2024	\$75
Enrolled between Tuesday, June 4, 2024 & Wednesday, July 31, 2024	\$100
Enrolled between Thursday, August 1, 2024 & Tuesday, August 13, 2024	\$150
Enrolled on or after Tuesday, August 13, 2024	\$300

Transportation Fee (per student)

Annual Fee	10 Month Payment Plan	12 Month Payment Plan
\$360	\$36	\$30

School Expansion/Maintenance Fee (per family)

Annual Fee	10 Month Payment Plan	12 Month Payment Plan
\$240	\$24	\$20

Please note:

Books: This form does not include book fees which are specific to each class and as such are not included here. Book lists can be found on our school website.

Hot Lunch Program: A vegetarian lunch will be available for purchase every Wednesday starting on August 23rd, 2023. The cost per meal is \$4.00 per student. Students may bring their own lunch, provided it meets certain standards; caffeine and sodas are not allowed on the school campus. This program is a separate payment from the monthly tuition.

Re-Enrollment Fee (per student)

For returning students only

Re-enrollment Dates	Price
Re-enrolled on or before Monday, June 3, 2024	\$15
Re-enrolled between Tuesday, June 4, 2024 & Wednesday, July 31, 2024	\$45
Re-enrolled on or after Tuesday, August 13, 2024	\$75

Discounts

‰ **Sibling discount:** 8% off for 2 students enrolled or 13% off for 3+ students enrolled

Disclaimer: No discounts are offered for close family relations other than siblings.

‰ **Refer a friend:** Get up to a whole month of tuition off for every family you refer

... Your discount will be applied the month after the referred family is enrolled

... This discount only applies to one student per referral. If you have multiple students enrolled, you will still have to pay for your other students. Please see the table below for reference:

1 Student Enrolled	2 Students Enrolled	3 Students Enrolled	4 Students Enrolled
1 referral = 1 month of tuition off	1 referral = 50% off 1 month of tuition	1 referral = 33% off 1 month of tuition	1 referral = 25% off 1 month of tuition

‰ **One time payment:** 2% off the annual tuition cost (does not include any additional fees)

‰ **We are willing to work with you!** If you have further financial needs, all additional discounts will be subject to board approval given proper documentation is provided.



Student Enrollment Documents

Required Documents

The following documents are required for enrollment:

- Student Application Form
- Photo ID of parent/guardian
- Proof of residency – current utility bill (SMUD, PG&E, or water) with correct name and address
- Proof of birth – copy of applicant's birth certificate
 - ... Original county issued birth certificate or passport accepted. Hospital certificates will not be accepted.
- Immunization record
 - ... Complete and up-to-date immunization record is required before the first day of school entry
 - ... The only acceptable medical exemptions are those registered in the CAIR-ME system
- Most recent report card or transcript from previous school (if applicable)
- Guardianship/custody papers (if applicable)
 - ... If residing with another person (relative, etc.) please request a Declaration of Residence form to fill out and submit with a photo ID of the person identified in the utility bill and mortgage/rental lease