SCHOOL INFORMATION Applicant's Education History School Last Attended Years Attended School Address School Phone Has the applicant ever been: Retained Suspended Please Explain:_____ Interest in Whitestone We first learned of Whitestone through: (please check only one) Church ☐ Current SCS Student Radio Private School Catalog □ Newspaper ☐ Open House ☐ Parent of SCS Student ☐ Open House Alumni ☐ Telephone Book ☐ Web Site The three main factors influencing us to apply to Whitestone: (please check only three) ☐ Recommendation of Whitestone Family ☐ Location ☐ Christian Philosophy ☐ Desire to Attend Christian School ☐ Displeasure with Public School ☐ Academic Reputation ☐ Strong Co-Curricular Programs (athletics, fine arts, etc.) Why do you want your child to receive a Christian education?_____ Why do you want your child to attend Whitestone? Applicant (Grades 6 – 12): Why do you want to attend Whitestone? Please Read and Sign: I have read the terms stated in this application and agree thereto, I certify that all of the information presented by me in this application is, to the best of my knowledge, true, complete, and accurate. I further certify that I am not withholding any information available to me that would be pertinent to the enrollment of this child at Whitestone Academy. Father/Stepfather/Guardian___ Signature Mother/Stepmother/Guardian Signature Whitestone Academy 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.

It does not discriminate on the basis of race, color, national and ethnic origin in the administration of its educational policies, admissions policies, scholarship programs, athletic programs, and other school-administered programs



New Student Application

K - 12

Please submit one application for each child. A non-refundable application fee must accompany each application.

ADMINISTRATION OFFICE 3151 Hardin Combee Road, Lakeland, FL 33801 Fax: (863)665-6065 www.WhitestoneAcademy.org 863-665-4187

	FOR OFFICE USE ONLY	
Name:	Principal's Signature:	. <u></u>
Grade:School Year:	Payment Plan:	
Date Application Received:	First Payment Due:	

Male Fine	APPLICANT INFORMATION	SIBLINGS		
Marker Generate Petrology Casucasian African American Hispanic Other	Applicant Last First Middle Preferred Name	NAME SCHOOL ATTENDED IN 2014/2015		
Desert Social Security Number	☐ Male ☐ Female Ethnicity: ☐ Caucasian ☐ African American ☐ Hispanic ☐ Other			
Address Suex City State Zity E-real				
Current Grade _ Applying for Grade _ For Stonot Year Home Phone	Date of Birth Social Security Number	L Yes L No		
CHURCH ATTENDANCE CHURCH ATTENDANCE Father Step No	Address	☐ Yes ☐ No		
Current Cardae _ Applying for Grade _ For School Year _ Home Phone _ CHURCH ATTENDANCE Father's Church Affiliation _ Member Year Atlandade	Street City State Zip E-mail	□ Yes □ No		
Father's Church Affiliation	Current Grade Applying for Grade For School Year Home Phone			
Applicant Lives Will: Father Mother Stepfather Other	Does the applicant require any regular medication?			
Applicant lives With: Father Mother Stephather Other check at Nath apply: Father Deceased Mother Deceased Parents Separated Parents Divorced Check Any That Apply: Father Deceased Mother Deceased Parents Separated Parents Divorced Who is responsible for applicant's tuition? Applicant's tuition? Relationship to Applicant's tuition? Home Phone Work Phone Address Street Stephather Guardian Name	If yes, please explain:			
Mother's Church Affiliation Member Yes No Years Attended	Applicant Lives With:	Church Attendance:		
Who is responsible for applicant? Lutition? Relationship to Applicant Home Phone	(check all that apply) If other, with whom does applicant live?	Mother's Church Affiliation Member ☐ Yes ☐ No Years Attended		
Who is responsible for applicant? tuition? Relationship to Applicant tuition? Address FAMILY INFORMATION Father / Stepfather / Guardian Name Social Security Number Templore Templ	Chack Any That Apply: Eather Deceased Methor Deceased D	Church Attendance: ☐ Weekly ☐ Frequent ☐ Infrequent ☐ Additional Involvement		
Who is responsible for applicant's tuition?				
Relationship to Applicant				
Address	Who is responsible for applicant's fuition?	Applicant's Church Affiliation Member Yes No Years Attended		
FAMILY INFORMATION Father / Stepfather / Guardian Name Social Security Number Phone Fax E-mail Address Street City State Zip Mother / Stepmother / Guardian Social Security Number Mone Fax E-mail City State Zip Mother / Stepmother / Guardian Social Security Number Mone Social Security Number Address Street City State Zip Home Phone Fax E-mail Address Street City State Zip Applicant: (Grades 6 – 12 Only)	Relationship to Applicant Home Phone Work Phone	Church Attendance: ☐ Weekly ☐ Frequent ☐ Infrequent ☐ Additional Involvement		
Father / Stepfather / Guardian Name Social Security Number Please describe how you received Jesus Christ as your Savior. Father/Stepfather/Guardian: Street City State Zip Mother / Stepmother / Guardian Name Social Security Number Mother/Stepmother/Guardian: Address Street City State Zip Home Phone Fax E-mail Applicant: (Grades 6 – 12 Only)	Address	I (We) have read and are in agreement with the Whitestone Doctrinal Statement.		
Father / Stepfather / Guardian Name Social Security Number Please describe how you received Jesus Christ as your Savior. Street City State Zip Home Phone Employer Work Phone Mother / Stepmother / Guardian Name Social Security Number Mother/Stepmother/Guardian: Mother / Stepmother / Guardian Name Social Security Number Address Street City State Zip Home Phone Fax E-mail Applicant: (Grades 6 – 12 Only) Applicant: (Grades 6 – 12 Only)	FAMILY INFORMATION	Parent(s) Signature		
NameSocial Security Number	Father / Stanfather / Cuardian			
Address		TESTIMONIES		
Street City State Zip Home Phone Fax E-mail Occupation Employer Work Phone Name Social Security Number Address Street City State Zip Home Phone Fax E-mail Applicant: (Grades 6 – 12 Only)				
Occupation Employer Work Phone Mother / Stepmother / Guardian Name Social Security Number Mother/Stepmother/Guardian: Address Street		Father/Stepfather/Guardian:		
Mother / Stepmother / Guardian NameSocial Security Number Address Home PhoneFaxE-mail Mother/Stepmother/Guardian: Mother/Stepmother/Guardian: Applicant: (Grades 6 – 12 Only)	Home Phone Fax E-mail			
Name				
Address		Mother/Stepmother/Guardian:		
Street City State Zip Home Phone Fax E-mail Applicant: (Grades 6 – 12 Only)	Name Social Security Number			
Home Phone Fax E-mail Applicant: (Grades 6 – 12 Only)	Address			
	· · · · · · · · · · · · · · · · · · ·	Applicants (Crades 6 12 Only)		
Occupation Employer Work Phone	Home Phone Fax E-mail	Applicant. (Grades 6 – 12 Only)		
	Occupation Employer Work Phone			