

**SCHOOL INFORMATION**

**Applicant's Education History**

School Last Attended \_\_\_\_\_ Years Attended \_\_\_\_\_

School Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ School Phone \_\_\_\_\_

Has the applicant ever been: Retained \_\_\_\_\_ Suspended \_\_\_\_\_ Expelled \_\_\_\_\_

Please Explain : \_\_\_\_\_

**Interest in Whitestone**

We first learned of Whitestone through: *(please check only one)*

- Current SCS Student       Radio       Church       Private School Catalog
- Parent of SCS Student       Newspaper       Open House       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
- Academic Reputation       Displeasure with Public School
- 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 \_\_\_\_\_ Date \_\_\_\_\_  
Signature

Mother/Stepmother/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
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*



**WHITESTONE  
ACADEMY**

# 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: \_\_\_\_\_

Grade: \_\_\_\_\_ School Year: \_\_\_\_\_ Payment Plan: \_\_\_\_\_

Date Application Received: \_\_\_\_\_ First Payment Due: \_\_\_\_\_

## APPLICANT INFORMATION

Applicant \_\_\_\_\_  
Last First Middle Preferred Name

Male  Female Ethnicity:  Caucasian  African American  Hispanic  Other \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip E-mail

Current Grade \_\_\_\_\_ Applying for Grade \_\_\_\_\_ For School Year \_\_\_\_\_ Home Phone \_\_\_\_\_

Does the applicant require any regular medication?  Yes  No  
 If yes, please explain: \_\_\_\_\_

Applicant Lives With:  Father  Mother  Stepfather  Stepmother  Other  
(check all that apply)

If other, with whom does applicant live? \_\_\_\_\_

Check Any That Apply:  Father Deceased  Mother Deceased  Parents Separated  Parents Divorced

Who is legally responsible for applicant? \_\_\_\_\_

Who is responsible for applicant's tuition? \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_

## FAMILY INFORMATION

### Father / Stepfather / Guardian

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

### Mother / Stepmother / Guardian

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

## SIBLINGS

NAME	SCHOOL ATTENDED IN 2014/2015	GRADE FOR 2015/2016	RE-ENROLLING OR APPLYING AT WHITESTONE
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

## CHURCH ATTENDANCE

Father's Church Affiliation \_\_\_\_\_ Member  Yes  No Years Attended \_\_\_\_\_  
 Church Attendance:  Weekly  Frequent  Infrequent  Additional Involvement \_\_\_\_\_

Mother's Church Affiliation \_\_\_\_\_ Member  Yes  No Years Attended \_\_\_\_\_  
 Church Attendance:  Weekly  Frequent  Infrequent  Additional Involvement \_\_\_\_\_

Applicant's Church Affiliation \_\_\_\_\_ Member  Yes  No Years Attended \_\_\_\_\_  
 Church Attendance:  Weekly  Frequent  Infrequent  Additional Involvement \_\_\_\_\_

**I (We) have read and are in agreement with the Whitestone Doctrinal Statement.**

Parent(s) Signature \_\_\_\_\_

## TESTIMONIES

Please describe how you received Jesus Christ as your Savior.

Father/Stepfather/Guardian: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mother/Stepmother/Guardian: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant: (Grades 6 – 12 Only) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_