



Wheeling Country Day School

8 Park Road
Wheeling, WV 26003
304-232-2430
www.wcdsedu.com

*Finding the right environment makes a world of difference for your child's education.
Experience the difference at Wheeling Country Day School.*

Applicant

Name _____
first middle last

Nickname _____ Male Female

Grade entering _____

Date of Birth _____

Parents

Father's name _____

Mother's name _____

Home address _____

Home address _____

Home phone _____

Home phone _____

Cell phone _____

Cell phone _____

Occupation _____

Occupation _____

Work phone _____

Work phone _____

Email _____

Email _____

Preferred contact method _____

Preferred contact method _____

Please note if parents are separated, divorced, or if either is deceased.

With whom does the applicant live? _____

Who has legal custody of the applicant? _____

Please state billing information if different from custodial parent. _____

Do you wish to receive information about need-based financial aid grants? _____

Have you completed the financial aid grant application? (www.sss.nais.org) _____

How did you learn about Wheeling Country Day School? Check all that apply.

Current or past parent Current or past student Teacher Friend

Media-please indicate which _____

School Web site - If Web site, did you find it easy to navigate and access necessary information? _____

Family

Applicant's siblings

name birth current school

name birth current school

name birth current school

Applicant's family members who have attended Wheeling Country Day School

name relation approximate time of attendance

name relation approximate time of attendance

name relation approximate time of attendance

Applicant's Background

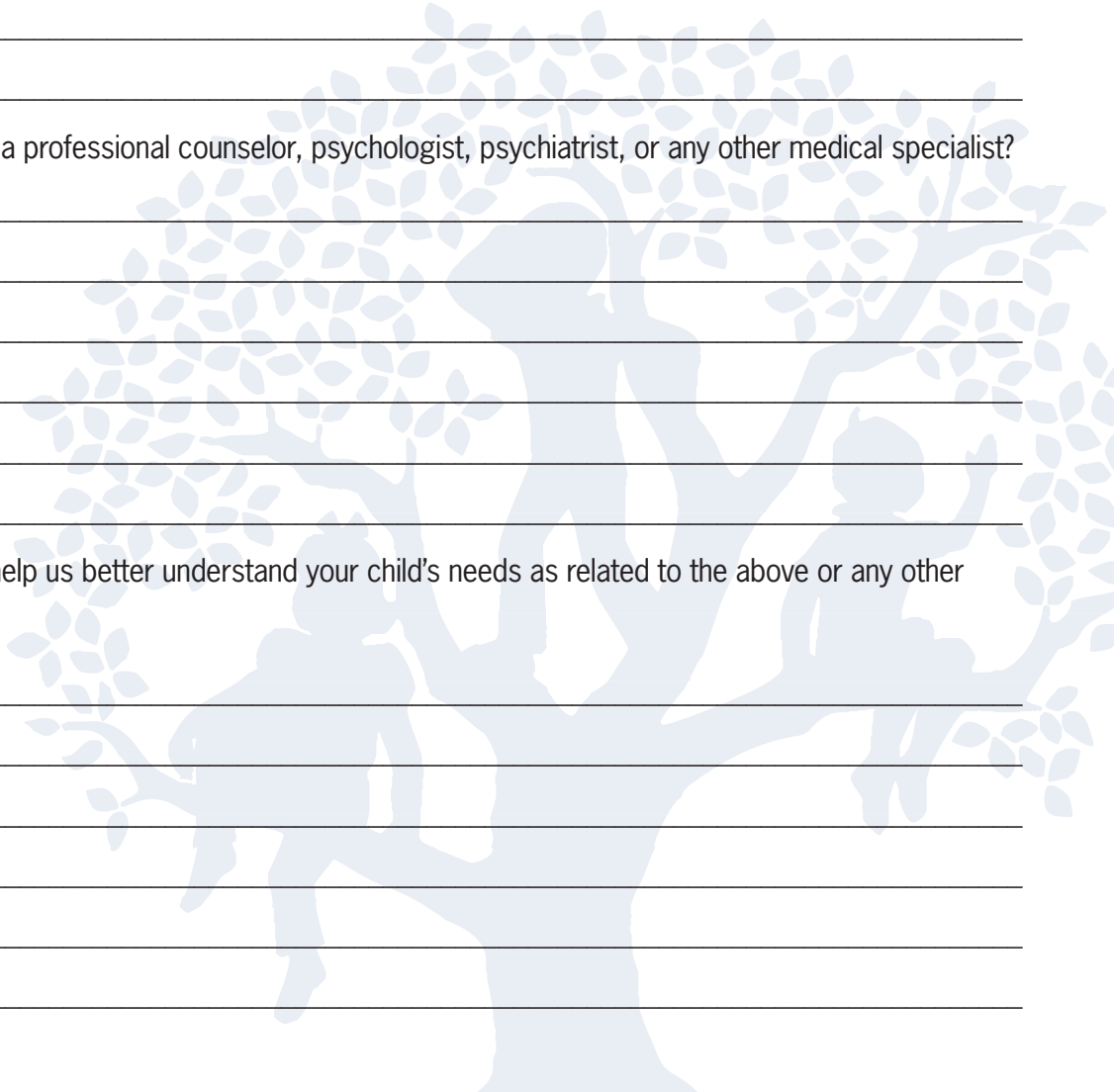
Please list daycares, preschools, or previous schools attended and dates

Has applicant skipped or repeated a grade? _____

Please explain

Has applicant ever been seen by a professional counselor, psychologist, psychiatrist, or any other medical specialist?

Please share any information to help us better understand your child's needs as related to the above or any other medical conditions.



Parent Comments

What are your goals for your child? _____

What words or phrases would you use to describe your child? _____

What is your child's current passion? _____

How does your child usually approach new experiences? _____

What else would you like us to know about your child that we have not asked? _____

What are your expectations of Wheeling Country Day School? _____

Are you familiar with independent education? _____

The filing of this application indicates only that you wish your child to be considered an applicant for admission. It does not place you or the school under any obligation to enroll your child.

signature of parent or guardian

date

Wheeling Country Day School does not discriminate on the basis of sex, race, color, national or ethnic origin, or religion in the admission of students.



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Authorization for Release of Student Records

I hereby grant permission to _____
name of child's current school

Complete Address _____

Phone Number _____ Fax Number _____

to release the records listed below for my child _____
name of child

currently in grade _____ at the above named school.

Please send all records to:

Director of Admissions
Wheeling Country Day School
8 Park Road
Wheeling, WV 26003

- Attendance
- Grades
- Standard Tests Results
- Psychological Evaluations
- Health Records
- Other Information Pertinent to Placement

The undersigned releases every person and institution from any and all liability resulting from or pertaining to the furnishing of records, documents, and other information provided to Wheeling Country Day School for admissions purposes.

signature of parent or guardian

date