



**WISDOM
& TRUTH**
CLASSICAL
ACADEMY

Application for Admission

Please return application packet to

lharris@wisdomatca.org

or mail to

Admissions, WTCA

7702 SW Regional Airport Blvd.

Bentonville, AR 72713

479-352-9868

Incoming Student Application

Date _____

Name of Student _____ Sex _____ D.O.B. ____/____/____ Grade Entering _____

Name of Student _____ Sex _____ D.O.B. ____/____/____ Grade Entering _____

Name of Student _____ Sex _____ D.O.B. ____/____/____ Grade Entering _____

Name of Student _____ Sex _____ D.O.B. ____/____/____ Grade Entering _____

Parents' Names _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Home email _____

Parent Information

Father's Information

Mother's Information

Employer _____	Employer _____
Position _____	Position _____
Business Phone _____	Business Phone _____
Cell Phone _____	Cell Phone _____
Email _____	Email _____

1. Do you agree to have your children taught in accordance with the Statement of Faith? _____
Are there any points in it which are inconsistent with your convictions? Yes _____ No _____
If so, please explain

2. How did you hear about Wisdom & Truth Classical Academy?

3. Why do you want your child to attend Wisdom & Truth Classical Academy?

4. How do you think parents should participate in the education of their children?

5. Is a parent, step-parent or guardian opposed to Christian education? Yes _____ No _____
If yes, please explain:

6. Family's church affiliation: _____ Pastor: _____

7. WTCA is greatly helped by parents who regularly and enthusiastically serve as volunteers.
Do you have skills that could be of assistance?

8. Please list the school(s) previously or presently attending:

a) Child's name _____

School(s) _____ Grades _____

b) Child's name _____

School(s) _____ Grades _____

c) Child's name _____

School(s) _____ Grades _____

d) Child's name _____

School(s) _____ Grades _____

e) Child's name _____

School(s) _____ Grades _____

WTCA is not staffed to handle students with severe learning disabilities or those who have trouble behaviorally. For your child's best interest, please be candid when you answer the following questions. (If more than one child is applying, please consider each one when answering.) Further elaboration on your answers may take place during an interview.

Has this student ever been referred for testing/placed in a special program? Yes _____ No _____

Has student received any other special help or tutoring? Yes _____ No _____

Has student ever repeated a grade for any reason? Yes _____ No _____

Has student received any special honors or awards for scholastic achievements? Yes _____ No _____

Has student ever been suspended or expelled by a previous school? Yes _____ No _____

Has the student ever seen a counselor/doctor/psychiatrist for any type of social, behavioral or mental problems? Yes _____ No _____ If so, briefly state the nature of the problem: _____

Has the student ever been examined or treated by a counselor/doctor/psychiatrist for hyperactivity or attention deficit disorder (ADD or ADHD)? Yes _____ No _____

Do you suspect or have you been told that your child might have dyslexia? Yes _____ No _____

Do you know families of students who attend WTCA? Yes _____ No _____

If so, please list here: _____

To make this application complete, please include the following:

- A \$50.00 application fee per family.

After the school receives the completed application and other required materials, we will contact you to arrange an interview and possibly a visit to the school, if in session. If it is determined that an entrance exam may be helpful, the school will arrange that with you as well.

PARENTAL SIGNATURE

I certify that this application is correct.

Father

Mother

Signature _____

Signature _____

Date _____

Date _____

To complete the application process, please complete the following:

- Have your pastor complete the attached Pastoral Recommendation Letter and return to WTCA.
- Return Student Application and your application fee to

Wisdom & Truth Classical Academy
attn: Admissions
7702 SW Regional Airport Blvd
Bentonville, AR 72713

You may also scan and return via email to lharris@wisdomatca.org.

Office Use Only

- | | |
|------------------------------------|-----------------------------------|
| 1. Date Application Received _____ | 2. Application Fee Received _____ |
| 3. Interview Date _____ | 4. Entrance Test Taken _____ |
| 5. Accepted _____ Denied _____ | |