



3528 E Temple Way
West Covina, CA 91791
(626) 859-5005

Email: wchas@westcovinahills.org
Website: www.westcovinahills.org

REGISTRATION FORM 2024-2025 School Year

This form must be submitted for each new student applying for admission.

Family Last Name					
Mailing Address					
City / State / Zip				Home Phone:	

Provide following information ONLY about parents that student LIVES with at above address:

Father (or)		Mother (or)	
First Name		First Name	
Family Church Affiliation <input type="checkbox"/> Active Member <input type="checkbox"/> Attend Periodically <input type="checkbox"/> Affiliation Only	(Denomination and specific home church)	Family Church Affiliation <input type="checkbox"/> Active Member <input type="checkbox"/> Attend Periodically <input type="checkbox"/> Affiliation Only	(Denomination and specific home church)
Cell phone #		Cell phone #	
Email Address		Email Address	
Occupation		Occupation	
Company Name		Company Name	
Work Phone #		Work Phone #	

Reason for applying to West Covina Hills Adventist School:

Last School Attended:	Name & Address:
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If a parent as listed above cannot be reached in an emergency, list other individuals whom the school should call who could help the child or know other ways to reach you. Include relationship (grandparent, neighbor, etc.) and phone.

Emergency Contact Name:	Relationship:	Cellphone or Home phone:
1.		C / H:
2.		C / H:
3. Out of State Emergency Contact:		C / H:

List any individuals below that you expect you will ask to pick up the student from school.

Name:	Relationship:	Cellphone or Home phone:
1.		C / H:
2.		C / H:
3.		C / H:

STUDENT INFORMATION

Student's Legal Name			Grade	DOB	Age
First	Middle	Last		mm/dd/yyyy	
Nickname: (include last if diff)		Sex:		Citizenship:	
Year Baptized: (Only if Adventist)	Birthdate:		Birth State: (Country if not USA)		