

4901 Mission Road, Westwood, KS 66205 913 384 4434 smcschool.com

Application for Admission

Date				
Applying for: Fall	Spring	<u></u>	School Year 202	O Grade Entering
			(Kindergarteners must be	e 5 years old by September 1st)
Student's Name				
Address	Last	First	Middle	
Address	Street	City	State	Zip Code
Birth Date	Age _	Birth Place		Male Female
Contact phone (]			
E-mail address (for	Thinkwave, Newsletter, Tl	his Week, etc)		
Additional parent e-	mail address			
Student email addre	ess (if applicable)			
Marital status of par	rents (please check approp	oriate box)		
☐ Married ☐ Sin	gle Parent 🏻 Separated	□ Divorced □	Remarried Wido	w/Widower
Father's Name				
	Last	First	Middle	9
Cell Phone (J	Work ph	one ()	
Employer				
Mother's Name				
	Last	First	Middle	9
Cell phone (J	Work ph	Work phone ()	
Employer				

Student lives with:	☐ Both parents ☐	Mother □	Father 🗆 Guardian			
Is there joint custod	y between parents conce	rning the child e	enrolled in SMCS? Yes	□ No		
			ol?			
	n the home: (Circle) Fat					
Name						
Address	Phone number ()					
Name of last school	attended					
Address						
	Street	City	State			
Phone number () Fax number ()					
Principal's name	e Counselor's name					
Child's attitude tow	ard school		Gr	ades Repeated		
Student's grades in s	school have been: or Above Average	□ Average	☐ Below Average ☐ F	'ailing		
Has student ever bee	n expelled or disciplined b	eyond ordinary c	elassroom situation?			
If yes, explain						
Person responsible fo	or payment					
Address						
	Street	City	State	Zip Code		
			ayments, recognizing that eac 20.00 late fee will be assessed			
X		x				
Father's s	signature (or legal guardian)		Mother's signature			