

# APPLICATION FOR ADMISSION



WICHITA  
COLLEGIATE  
SCHOOL

## WCS MISSION STATEMENT

*The Mission of Wichita Collegiate School is to provide the highest quality education for each student which will maximize his or her ability to understand and enjoy the complexities of the world and successfully meet the challenges of life.*

Photo Optional

Date of Application \_\_\_\_\_

Desired Enrollment Date \_\_\_\_\_

Desired Grade Level \_\_\_\_\_

Name of Applicant \_\_\_\_\_

First name

Middle name

Last name

Familiar name

Residence Address \_\_\_\_\_

Street

City

State

Zip

Home Phone

Date of Birth \_\_\_\_\_

School Presently Attending \_\_\_\_\_

Sex: \_\_\_ Male \_\_\_ Female

How did you hear about Wichita Collegiate School? \_\_\_\_\_

### ***Father's Information***

Name \_\_\_\_\_

Stepmother (if applicable) \_\_\_\_\_

Address  
(if different than applicant) \_\_\_\_\_

Cell phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

### ***Father's Business Information***

Occupation \_\_\_\_\_

Name of Business \_\_\_\_\_

Work Phone \_\_\_\_\_

### ***Mother's Information***

Name \_\_\_\_\_

Stepfather (if applicable) \_\_\_\_\_

Address  
(if different than applicant) \_\_\_\_\_

Cell phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

### ***Mother's Business Information***

Occupation \_\_\_\_\_

Name of Business \_\_\_\_\_

Work Phone \_\_\_\_\_

### **Other children:**

Name

Age

School Presently Attending

Wichita Collegiate School 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 or ethnic origin in administration of its educational policies, admission policies, financial assistance, athletic and other school-administered programs.

**(BOTH SIDES TO BE COMPLETED FOR ALL APPLICANTS)**

---

## GREAT BEGINNINGS EARLY LEARNING PROGRAM

Application Fee: \$25.00

Candidates seeking admission to the early learning program must be 2 years old at the time of enrollment and will be admitted on the basis of an evaluation and initial interview by the Head of Early Childhood or a faculty member.

### GREAT BEGINNINGS

Two Days (Tuesday & Thursday)

Three Days (Monday, Wednesday, Friday)

Three Days (Monday, Wednesday, Friday)

(check only one)

8:15 -11:15 ( ) AM

8:15 -11:15 ( ) AM

12:15 -3:15 ( ) PM

---

## PRESCHOOL PROGRAMS

Application Fee: \$25.00

Candidates seeking admission to preschool are evaluated and admitted based upon a personal interview with a member of the preschool faculty.

### MONTESSORI

Primary Five Days

(check)

8:15 -11:15 ( ) AM

(check)

12:15 - 3:15 ( ) PM

**(For all-day preschool, please check both)**

### TRADITIONAL

Preschool 3-4 year olds

Two Days (Tuesday & Thursday)

Three Days (Mon., Wed., Fri.)

Five Days (Mon. through Fri.)

4-5 year olds

Five Days (Mon. through Fri.)

(check)

8:15 -11:15 ( ) AM

8:15 -11:15 ( ) AM

8:15 -11:15 ( ) AM

8:15 -11:15 ( ) AM

(check)

12:15 - 3:15 ( ) PM

12:15 - 3:15 ( ) PM

12:15 - 3:15 ( ) PM

12:15 - 3:15 ( ) PM

**(For all-day preschool, please check both)**

---

## KINDERGARTEN PROGRAMS

Application Fee: \$35.00

Candidates seeking admission to kindergarten are admitted based on evaluative testing.

### KINDERGARTEN

Traditional Kindergarten

Montessori Kindergarten

Five Days

Five Days (all-day only)

(check)

8:15 -12:00 ( ) AM

8:15 -11:15 ( ) AM

(check)

12:15 - 3:15 ( ) PM

12:15 - 3:15 ( ) PM

**(For all-day kindergarten, please check both.)**

---

## GRADES 1 - 12

Application Fee: \$35.00

Candidates are required to take admission tests or submit results from other standardized tests that aid in identifying aptitude and evaluating achievement. A Division Head or the Director of Admission interprets the test results to parents at a personal conference.

---

**Upon receipt of the Application for Admission and the fee, the Admission Office will contact the parent to arrange a time and a date for testing.** *By signing this application, I am verifying that I am the student's custodial parent or legal guardian.*

Signature \_\_\_\_\_

(Parent or Guardian)

**PLEASE ATTACH FEE AND RETURN TO:**

**ADMISSION OFFICE  
WICHITA COLLEGIATE SCHOOL  
9115 EAST 13TH STREET**

**PHONE: (316) 771-2203**

**WICHITA, KS 67206**