



## Enrollment Application

\*A non-refundable fee of \$100 made payable to Walton Academy must be enclosed with this application.  
Submission of this application does not guarantee admission into the academy.

### **Applicant Information**

#### **Student Information:**

Last Name	First Name	Middle Name	Preferred Name
Home Address			
City	State	Zip Code	
Date of Birth	Current Grade/School		

### **Family Information**

#### **Parent Information**

Mother's Full Name/Title		
Home Address (If different from applicant's)		
City	State	Zip Code
Occupation/Title		
Business Name		
City	State	Zip Code
Business Telephone	Cell Phone	
Mother's Email Address		

Father's Full Name/Title		
Home Address (If different from applicant's)		
City	State	Zip Code
Occupation/Title		
Business Name		
City	State	Zip Code
Business Telephone	Cell Phone	
Father's Email Address		

## Applicant Education

Present School

Present Teacher

School Address

City

State

Zip Code

Head of the School or Counselor

Telephone

Dates of Attendance

Previous School

Location

Dates of Attendance

Previous School

Location

Dates of Attendance

Has this applicant ever had a psycho-education evaluation? ☐ Yes ☐ No

If yes, please describe:

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Please list any modifications that your child may need, but not limited to food modifications, classroom accommodations, behavioral and developmental disorders:

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### Student Lives With:

☐ Mother ☐ Stepmother ☐ Other

☐ Father ☐ Stepfather Specify: \_\_\_\_\_

### Additional Family Information:

☐ Mother Deceased ☐ Father Deceased ☐ Parents Divorced

☐ Mother Remarried ☐ Father Remarried ☐ Joint Custody

☐ Mother Has Custody ☐ Father Has Custody

## Informational:

Have you applied for the North Carolina Scholarship? ☐ Yes ☐ No

If YES, what tier level have you been awarded? ☐ **Tier 1** ☐ **Tier 2** ☐ **Tier 3** ☐ **Tier 4**

Will you need the before and after school option (extended day option)? ☐ Yes ☐ No

Does your child currently attend one of our centers? ☐ Yes ☐ No

If YES, what location?

☐ Children's World Learning Center / Walton Academy  
1515 East Arlington Blvd.  
Greenville, NC 27858

☐ Children's World Learning Center  
804 Johns Hopkins Drive  
Greenville, NC 27834

☐ Children's World Learning Center / A Child's Place  
532 Moye Blvd.  
Greenville, NC 27835

☐ Children's World Learning Center  
1360 SW Greenville Blvd.  
Greenville, NC 27834

Does your child have any sibling(s)? ☐ Yes ☐ No If YES, how old? \_\_\_\_\_

### Parent Enrollment Intention for Walton Academy K-8 School

What are your expectations for your child's academic and personal growth while attending Walton Academy K-8 School? To provide the best experience for all our families, we would like to inquire on what you hope to achieve by enrolling in our school. Please be honest and understand that your response does not impact your child's acceptance at Walton Academy.

### **Please check the box that best applies to your family:**

- ☐ It is our family's intention for our child to attend Walton Academy for Kindergarten ONLY.  
Possible justification for this option: The child needs additional developmental time (socially, emotionally, and/or mentally) before entering public school.
- ☐ It is our family's intention for our child to attend Walton Academy for grades K-5 ONLY.  
Possible justification for this option: The child needs a strong private school academic foundation in the early grades while transitioning to a more social and diverse environment in public middle school.
- ☐ It is our family's intention for the child to attend Walton Academy for grades K-8 ONLY.  
Possible justification for this option: Both elementary and middle school years are often a crucial period for academic development and social adjustment. A smaller and more attentive private school environment can significantly benefit a child's learning and overall well-being, potentially providing a stronger foundation for high school success.

## Emergency Contact Information:

### Emergency Contact Primary

☐ If SAME as parent info please check box

First Name

Last Name

Home Address

City

State

Zip Code

Best Contact #

Drivers License

Relationship to student

### Emergency Contact Secondary

☐ If SAME as parent info please check box

First Name

Last Name

Home Address

City

State

Zip Code

Best Contact #

Drivers License

Relationship to student

## Financial

Person(s) financially responsible for tuition? \_\_\_\_\_

Relationship to applicant? \_\_\_\_\_

Contact Information: Cell Phone: \_\_\_\_\_

- Reference forms are to be completed by the applicant's teacher(s) are part of the admissions process. These are to mailed or delivered directly to Walton Academy by the teacher.
- By signing this application, you agree that all information is up-to-date and truthful. Failure to complete information, or omitting other pertinent information, may result in termination of your child from the program.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

