





Preferred Name

*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.

Middle Name

Applicant Information Student Information:

First Name

Last Name

Home Address					
City State				Zip Code	
Date of Birth			Current Grade	/School	
		Family In	formation		
		Parent In	formation		
Mother's Full Name/Title			Father's Full Nam	e/Title	
Home Address (If different from applicant's)			Home Address (If	different fro	m applicant's)
City	State	Zip Code	City	State	Zip Code
Occupation/Title			Occupation/Title		
Business Name			Business Name		
City	State	Zip Code	City	State	Zip Code
Business Telephone Cell Phone			Business Telephor	ne	Cell Phone
Mother's Email Address			Father's Email Add	dress	

Applicant Education

Present School	Present Teacher			
School Address				
City	State	Zip Code		
Head of the School or Counselo	r	Telephone		
Dates of Attendance				
Previous School	Location	Dates of Attendance		
Previous School	Location	Dates of Attendance		
Behavioral & Support Histo	ory:			
		oral, emotional, or social challenges, or shown significan		
behavioral concerns (such as disr	uptions, defiance, or aggre	ssion)? 🗆 Yes 🗆 No Parent/Guardian Initials:		
If yes, please share details or stra	tegies that have been help	ful:		
Parent/Guardian Attestation:				
I affirm that the information pro	vided above is accurate ar	nd complete to the best of my knowledge. I understand		
	•	est support my child and ensure a safe, positive learnin		
environment for all students.	Signature:	Date:		
Student Lives With:				
☐ Mother ☐ Step	mother Othe	r		
	· 	fy:		
Latitet Later	derici	_		
Additional Family Informat	ion:			
	☐ Father Deceased	☐ Parents Divorced		
■ Mother Remarried	☐ Father Remarrie	d Doint Custody		
─ Mother Has Custody	☐ Father Has Custo	ody		

Informational:	
Have you applied for the the North Carolina Opportunit	ry Scholarship? Yes No
Which tier do you anticipate you will be awarded?	Tier 1 Tier 2 Tier 3 Tier 4
Is your decision to attend based on recieving the North	Carolina Opportunity Scholarship? Yes No
Will you need the before and after school option (exten	ided 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 ac Walton Academy K-8 School? To provide the bes inquire on what you hope to achieve by enrolling that your response does not impact your child's continuous contract your child's account your child's your child your child's your child's your child's your chi	t experience for all our families, we would like to in our school. Please be honest and understand
Please check the box that best applies to your fa	ımily:
It is our family's intention for our child to attend Possible justification for this option: The child emotionally, and/or mentally) before entering	needs additional developmental time (socially,
·	d Walton Academy for grades K-5 ONLY. hild needs a strong private school academic ing to a more social and diverse environment in
crucial period for academic development	mentary and middle school years are often a and social adjustment. A smaller and more Inificantly benefit a child's learning and overall

Emergency Contact Information:

Emergency Contact Primary	Emergency Contact Secondary		
If SAME as parent info please check box	If SAME as parent info please check box		
First Name Last Name	First Name Last Name		
Home Address	Home Address		
City State Zip Code	City State Zip Code		
Best Contact #	Best Contact #		
Drivers License	Drivers License		
Relationship to student	Relationship to student		
son(s) financially responsible for tuition?			
lationship to applicant?			
ntact Information: Cell Phone:			
Reference forms are to be completed by the ap These are to mailed or delivered directly to Walto	plicant's teacher(s) are part of the admissions proce on Academy by the teacher.		
	ormation is up-to-date and truthful. Failure to compleation, may result in termination of your child from t		
Parent/Guardian Signature	Date		
Parent/Guardian Signature	Date		