



**WESTERN  
MENNONITE SCHOOL**

*"Equipping students for  
a life of faith and  
learning"*

**Application Checklist**

Applications are complete when WMS has received the following:

- Complete application form
- \$50 non-refundable application fee
- Copy of student's most recent report card.
- Pastor reference
- Teacher reference
- Adult friend reference

Attach current photo here

For office use only

Western Mennonite School admits qualified students of any race, color, and national or ethnic origin.

# Western Mennonite School Admissions Application

Date \_\_\_\_\_

Applying for grade 6 7 8 9 10 11 12 For school year 20\_\_ - 20\_\_  
(circle one)

## Student Information

(Parent or student may complete this form except where indicated for student.)

Name \_\_\_\_\_ M / F  
Last First Middle Preferred name

Email address \_\_\_\_\_ Daytime phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Citizenship \_\_\_\_\_ Date of birth \_\_\_\_\_

Church \_\_\_\_\_ Denomination \_\_\_\_\_

## Family Information

Father \_\_\_\_\_ Alumnus: yes / no

Email address \_\_\_\_\_ Daytime phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Mother \_\_\_\_\_ Alumnus: yes / no

Email address \_\_\_\_\_ Daytime phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Guardian (if applicable) \_\_\_\_\_ Alumnus: yes / no

Address \_\_\_\_\_ Daytime phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Names and grades of applicant's siblings

Name Grade School attending


Do you anticipate needing financial aid from WMS? Yes / No

\*\*Funds are limited. For priority consideration, submit your financial aid application before April 15.

## Academic Information

Name of current school \_\_\_\_\_ Current grade \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Do you have unique learning needs? Yes/ No

If yes, please explain. \_\_\_\_\_

In your present school are you on an Individual Education Plan (IEP) or 504 plan? Yes / No

If yes, what is the re-evaluation date? \_\_\_\_\_ (Please include documentation paperwork.)

In your present school do you receive other academic support? Yes / No

If yes, please explain. \_\_\_\_\_

### References

Please list name, complete address, and phone number of an adult in each category who knows you well. Do not list immediate family members. Give daytime phone numbers if possible.

Pastor or person from your church:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Teacher from your current school:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Family friend:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Interests

In which of the following areas are you interested in participating at Western Mennonite School?

Athletics

\_\_\_ Baseball/Softball

\_\_\_ Basketball

\_\_\_ Cross-Country

\_\_\_ Soccer

\_\_\_ Volleyball (girls)

Music and Drama

\_\_\_ Choir

\_\_\_ Band

\_\_\_ Worship Team

\_\_\_ Drama/Musical

Student Leadership

\_\_\_ Student government

\_\_\_ Yearbook

## **Confidential Information**

Have you ever been expelled or suspended from school? Yes / No

If yes, please explain. \_\_\_\_\_

### **For the Student:**

In two or three sentences, state your reasons for applying for enrollment at WMS.

### **For the Parents:**

In two or three sentences, state your reasons for encouraging your daughter/son to apply for enrollment at WMS.

## **Western Mennonite School Covenant for Disciples**

*(Signed by students at the beginning of the school year.)*

Western Mennonite School does not require its students to have made a personal commitment to God as a condition for admission. However, we do require that students be open to growth as stated in the following **Covenant for Disciples**.

**To grow in mind:** We will apply ourselves to learn from classroom and other school activities, and to fill our time and minds with what is wholesome and worthwhile, avoiding any speech, social conduct, or personal appearance which is degrading or disrespectful.

**To grow in body:** We will apply ourselves to a pattern of proper diet and sufficient rest and exercise, abstaining from the use of tobacco, alcohol, and illegal drugs.

**To grow in spirit:** We will be open to the influence of Jesus Christ and His followers on our lives, and be an encouragement, rather than hindrance to those who want to grow in an obedient relationship to Him.

**To grow in character:** We will be trustworthy in all of our relationships, respecting the rights and property of others, and speaking and living the truth in all circumstances.

***Please mail the completed application along with \$50 to:***

**Western Mennonite School**  
Admissions Department  
9045 Wallace Road NW ÉSalem, OR É97304 ÉUSA  
Phone 503-363-2000 ÉFax 503-370-9455

**WESTERN MENNONITE SCHOOL**

9045 Wallace Rd NW, Salem, OR 97304

(503) 363-2000

Fax: (503) 370-9455

**CHARACTER REFERENCE FORM**

**Part 1 To be completed by the applicant**

Date \_\_\_\_\_

Name of applicant \_\_\_\_\_ Current grade \_\_\_\_\_

Home address \_\_\_\_\_  
Street City State Zip

Home telephone \_\_\_\_\_

**Part 2 To be completed by the pastor / teacher / adult friend (please circle one)**

Your name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Address \_\_\_\_\_ How long have you known this student? \_\_\_\_\_

Phone \_\_\_\_\_

**Circle the words which best describe this student:**

joyful vivacious loud dramatic easy-going quiet tender spiritual cheerful shy proud  
friendly loving forgiving follower clown loyal sociable leader tolerant articulate  
devoted rebellious procrastinates sincere congenial defensive humble responsible meek  
active flexible neat studious careless creative troubled organized prompt lethargic

Please rate the following:	Very High	High	Average	Low	Very Low	Not Known
Academic ability						
Social adjustment to peers						
Attitude toward authority						
Family support						
Christian commitment						
Leadership						

What special talents, skills, or leadership qualities would this student bring to Western Mennonite School? \_\_\_\_\_

In what areas of personality and performance would you like to see growth? \_\_\_\_\_

Do you recommend this student for acceptance at Western? Yes / No  
Why? \_\_\_\_\_

Please add any additional comments which might be helpful. \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return to: ADMISSIONS, WESTERN MENNONITE SCHOOL  
9045 Wallace Rd NW, Salem, OR 97304**

*THANK YOU FOR YOUR TIME AND CARING -- ALL RESPONSES WILL BE KEPT CONFIDENTIAL*

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