

OFFICE USE ONLY

Enter Dates Documents Received _____ Grade enrolled: _____
Verification of birthdate _____
Health Information _____
Immunization record _____
Transcripts _____
Recommendations _____
Withdrew _____

STUDENT APPLICATION

Abundant Life Christian Academy

Date of Application _____

Student Social Security # _____ Sex _____

1. Legal name of student _____
LAST FIRST MIDDLE NICKNAME

2. Date of birth _____ Place of birth _____ Age _____
MO DAY YR

3. Student living with: Father () Mother () Stepfather () Stepmother ()

Other _____
SPECIFY

Home address _____ P.O. Box _____
NUMBER STREET

_____ Telephone() _____ P _____
CITY STATE ZIP

4.

Legal names of those checked in #3	Denomination affiliation	Church where membership held	Languages used at home	Occupation	Business Phone

5. Is this student sponsored by an Adventist church member? Yes{ } No{ }

Is this student a baptized member of the Adventist church? Yes{ } No{ } If yes, indicate year baptized _____
Church where membership is held _____ If student has some other church affiliation, specify _____

6. School last attended _____
NAME OF SCHOOL ADDRESS TELEPHONE

7. Family physician _____
NAME ADDRESS TELEPHONE

8. Person to be notified in case of emergency if parent is not available

_____ Name ADDRESS TELEPHONE

9. Indicate physical problem by check: Hearing{ } Heart{ } Sight{ } Speech{ } Other{ } _____
SPECIFY

10. If on regular medication, please specify _____

11. In the event of sudden illness or accident requiring attention, school personnel are authorized to administer first aid, and if necessary, take my child for emergency treatment to a doctor's office or hospital.

Hospital Preference: _____ Signature of Parent or Guardian: _____

12.

Names of other children in family	Sex	Age	Check if living at home	School child is attending

Parent/Guardian e-mail address _____

13. Has this student been previously identified as qualifying for a gifted education program? Yes { } No { }
 If yes, what kind? _____ When? _____ Where? _____ By whom? _____

14. Has this student been previously identified as qualifying for a special education program? Yes { } No { }
 If yes, what kind? _____ When? _____ Where? _____ By whom? _____

15. Does student have an unpaid account at another school? Yes { } No { } If so, state where _____

16. Name and address of person to whom financial statements are to be sent if different from that given in item #3.

NAME ADDRESS TELEPHONE

Please list additional persons who may be called in the event of an emergency, and who are authorized to remove the child from school. (Your child will not be allowed to leave with any other person without written authorization from parent or guardian).

Name	Address	Telephone	Relationship

Parent/Guardian e-mail address: _____ Parent/Guardian e-mail address _____

STUDENT CONTRACT

I agree to uphold Abundant Life Christian Academy's regulations. I pledge my cooperation with and loyalty to the school and its employees. I will live in harmony with the school's Christian principles.

 Student's Signature

 Date

PARENT CONTRACT

I hereby agree to support school regulations and to help my child observe them, to supply physical examination reports for this student, a) entering school for the first time, b) at grade seven (this should include the scoliosis examination), c) at least once in grades nine through twelve, and d) at other grades, when required by the Conference Board of Education; and to accept all financial educational obligations for this student. I certify that all information in this submitted application is complete and accurate. I understand any falsification of application documents will result in the immediate dismissal of the student.

 Parent/Guardian's Signature

 Date