



4901 E. Buckeye Road, Madison, WI 53716

608.221.1520 ♦ www.alcs.us  
A Madison Christian School

# Application for Admissions Homeschool 2017-2018

Assessment \_\_\_ Reg. Fee \$ \_\_\_ CK. \_\_\_/cash Image Release \_\_\_ IT Policy \_\_\_ Dress Code \_\_\_ Emergency Form \_\_\_ Immunization Record \_\_\_

## GENERAL INFORMATION: Return Application Packet with \$85 Registration Fee to Student Services Office

- This application does not assure enrollment, but provides information upon which a decision for acceptance will be based.
- If the grade for which you have applied has reached its maximum enrollment (26 per class), you will have the opportunity to place your child's name on the waiting list.
- Children entering Kindergarten must be 5 years old on or before September 1<sup>st</sup>.
- Acceptance into grades 1-12 is dependent upon: previous transcripts and/or academic records (ie: report cards, including home school), agreement with our standards and policies, assessment, and for high school students an interview with the principal.

All students must be in compliance with immunization requirements according to Wisconsin State Law. The immunization record for every student must be on file at ALCS prior to admission into the classroom.

**NOTE:** This application covers only the designated school year. Acceptance by the school makes no guarantee of academic progress or re-admission in subsequent years. Administration has the authority to deny enrollment upon receipt of prior school records.

## NOTICE OF NONDISCRIMINATION:

Abundant Life Christian School is a private, nonprofit, nondenominational institution founded for the purpose of developing and implementing an educational program that is thoroughly Christian both in content and practice. As such, ALCS recognizes that in Christ, "There is neither Jew nor Greek, slave nor free, male nor female." Therefore, Abundant Life Christian School admits students of any race, color, national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school.

## STUDENT INFORMATION:

Please circle the grade for which the student is applying:

K      1      2      3      4      5      6      7      8      9      10      11      12

\_\_\_\_\_ Biological Sex M  F   
Last                      Name                      First                      Middle                      Nickname

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

Home Phone Number: \_\_\_\_\_ Referred to ALCS by: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ School District Student Resides in: \_\_\_\_\_

Do you live within 1.5 miles of ALCS?  Yes  No

**Ethnicity:** Is this student Hispanic or Latino/Latina?  Yes  No

**Race:**  American Indian/Native American  Asian  Black/ African American

(check all that apply)  Native Hawaiian/Pacific Islander  White

Does the student's family speak a language other than English in the home?  Yes  No

If so, which language(s)? \_\_\_\_\_



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**FAMILY INFORMATION:** (Please Print)

Child Lives With:  Father & Mother     Father     Mother     Other (state relationship): \_\_\_\_\_

**PRIMARY HOUSEHOLD INFORMATION**

**FATHER:**  Father  Stepfather  Guardian      **MOTHER:**  Mother  Stepmother  Guardian

_____	_____	_____	_____	_____	_____
Title	First Name	Last Name	Title	First Name	Last Name
_____		_____	_____	_____	_____
Street Address	City		State	Zip	Home/Main Phone
_____	_____		_____	_____	_____
_____		_____	_____		_____
Father's Cell Phone		Father's Email Address	Mother's Cell Phone		Mother's Email Address
_____		_____	_____		_____
_____		_____	_____		_____
Father's Employer		Position/Title	Mother's Employer		Position/Title
_____		_____	_____		_____
_____		_____	_____		_____
Work Phone		Work Email Address	Work Phone		Work Email Address

**SECOND HOUSEHOLD (if applicable)**

**FATHER:**  Father  Stepfather  Guardian      **MOTHER:**  Mother  Stepmother  Guardian

_____	_____	_____	_____	_____	_____
Title	First Name	Last Name	Title	First Name	Last Name
_____		_____	_____	_____	_____
Street Address	City		State	Zip	Home/Main Phone
_____	_____		_____	_____	_____
_____		_____	_____		_____
Father's Cell Phone		Father's Email Address	Mother's Cell Phone		Mother's Email Address
_____		_____	_____		_____
_____		_____	_____		_____
Father's Employer		Position/Title	Mother's Employer		Position/Title
_____		_____	_____		_____
_____		_____	_____		_____
Work Phone		Work Email Address	Work Phone		Work Email Address

**FAMILY INFORMATION:** List all other preschool and school age children in family:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

**PREVIOUS SCHOOL INFORMATION:**

School Last Attended: \_\_\_\_\_

School Address: \_\_\_\_\_

Grade Previously Completed: \_\_\_\_\_ Dates of Attendance: \_\_\_\_\_

Principal/Guidance Counselor: \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_



**CHURCH INFORMATION:**

What church does your family usually attend? \_\_\_\_\_

Sr. Pastor \_\_\_\_\_ Youth Pastor: \_\_\_\_\_

Phone: \_\_\_\_\_ Member  Yes  No

Church Address \_\_\_\_\_

**PARENT QUESTIONNAIRE**

1. Has your child ever been (Check all that apply; request a copy of your child’s discipline record to be forwarded to ALCS):  Yes  No If so, please explain below:

- Suspended, In-School or Out-of-School
- Placed on academic or behavioral probation
- Expelled, or asked to voluntarily withdraw
- Referred to juvenile authorities

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Has your child been accused or charged with lying, cheating, stealing in any context, sexual misconduct, drug usage, illegal alcohol consumption or tobacco use?  Yes  No If so, note which: \_\_\_\_\_

Please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Please list any/all other student issues (e.g., court orders, counseling issues, ongoing therapy, rehabilitation programs, etc.).

\_\_\_\_\_  
\_\_\_\_\_

4. Describe the student’s overall health:

\_\_\_\_\_  
\_\_\_\_\_

5. Does the student have any physical limitations?  Yes  No If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

6. Is the student taking any prescribed medications?  Yes  No If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

7. Has the student received counseling for emotional or behavioral difficulties?  Yes  No If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_



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#### SPECIAL NEEDS:

1. Is there an awareness or suspicion of any learning differences or difficulties with your child? If so, please explain:  Yes  No

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2. Has your child received special education testing or screening in regard to any learning difference, disability, impairment, behavioral problem, etc.?  Yes  No If so, please explain the outcome:

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3. Has your child ever had an I.E.P.\* (Individual Education Program)?  Yes  No

4. If there is an I.E.P. currently in use, please describe the program:

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\*If yes, please provide ALCS with a copy of the I.E.P. evaluation and program.

#### (USE AN ADDITIONAL SHEET OF PAPER IF NEEDED FOR ANSWERS TO QUESTIONS)

#### PARENT AFFIRMATION (both parents' signatures desired unless only one has sole custody):

I hereby affirm that all information contained in this application is true, accurate, and complete to the best of my knowledge and I agree that providing any false information or withholding pertinent information is sufficient reason for rejection of this application or for dismissal of my student at a later date. I further understand that I may be asked for additional written information concerning such items as academic and behavioral records. I agree that if my student has been suspended, expelled, or involved in the criminal or juvenile justice system that I will supply all documents substantiating those circumstances. I understand and submit to the policy of Madison Christian Schools that a student with such a record must first successfully complete not less than two full quarters elsewhere before becoming eligible to enroll.

I understand that the first semester is probationary for all students.

\_\_\_\_\_  
Father's / Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother's / Guardian's Signature

\_\_\_\_\_  
Date

#### OPTIONAL:

**Please share how you learned about ALCS:**

- Internet/Website
- WNBC Radio
- Christian Business Directory
- Church
- Friend \_\_\_\_\_
- Advertisement in \_\_\_\_\_
- Open House
- Other (please specify) \_\_\_\_\_