



STUDENT ASSESSMENT/SHADOW REQUEST

We encourage interested students to visit the classroom for an entire day. This should be a pre-arranged visit in which we match your child up with an ALCS student. The purpose of this visit is for your child to become acquainted with ALCS and for our staff to meet and assess your child in school.

STUDENT INFORMATION

Name of Child _____ Date of Birth ____/____/____
(last) (first) (middle) (mm/dd/yy)

Home Address _____ Grade Entering _____

City _____ State _____ Zip Code _____ Phone Number _____

Sex of Student: M F Email Address: _____

Father's Name _____
(title...Dr., Mr., Rev.) (first) (last)

Mother's Name _____
(title...Dr., Mrs., Ms., Rev.) (first) (last)

Pupil lives with: Both Parents Father Mother Foster Parents Other _____

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.

NOTE: Participation in a shadow day makes no guarantee of admission to the school. The principal has the authority to deny enrollment upon results of the screening process or prior school records.

FOR OFFICE USE:

SCHEDULED DATE(S) FOR VISITING: _____

SCREENED BY: _____

Parent Contacted: _____

Admissions Calendar: _____

Teacher Contacted: _____

Student Contacted: _____