



Abundant Life

CHRISTIAN SCHOOL
4901 E. Buckeye Road, Madison, WI 53716

608.221.1520 ♦ www.alcs.us

School Year Applied For _____

Application for Admissions

Image Release _____ IT Policy _____ Dress Code _____ Emergency Form _____ Immunization Record _____
Assess. _____ Rep. Card/Transcript _____ IEP/504 Plan _____ Registration Fee \$ _____ Check _____ / Cash

GENERAL INFORMATION: Registration Fee of \$220 due with application to secure possible enrollment. Registration fee is non-refundable if the student is offered a seat (unless student receives a Choice Voucher).

- 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 1st.
- 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 K-12 institution founded for the purpose of developing disciples of Jesus Christ through an excellent, comprehensive, Biblically-integrated educational program that is thoroughly Christian in content, context, and practice. 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 the students at the school. It does not discriminate on the basis of race, color, national, or ethnic origin in the administration of its educational policies, admissions policies, athletic programs or other school-administered programs.

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): _____ Do you live within 1.5 miles of ALCS? Yes No

School District Student Resides in: _____ (For transportation reimbursement from public school district, if eligible)

Ethnicity:	Is this student Hispanic or Latino/Latina? <input type="checkbox"/> Yes <input type="checkbox"/> No	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, are you a permanent legal resident (hold a Green Card)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Race: <i>(check all that apply)</i>	<input type="checkbox"/> American Indian/Native American Tribal Affiliation _____		<input type="checkbox"/> Black/African American
	<input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander		<input type="checkbox"/> 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: _____ Phone _____

Grade Previously Completed: _____ Dates of Attendance: _____

Principal/Guidance Counselor: _____ 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:



SPECIAL NEEDS:

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

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:

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:

*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
- Advertisement in _____
- Christian Business Directory
- Church
- Friend _____
- Open House
- Other (please specify) _____