

GENERAL INFORMATION: A non-refundable application Fee of \$50 due with enrollment application.

- 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, you will have the opportunity to place your child's name on the waiting list.
- Children entering 4K must be 4 on or before Sept. 1st and children entering Kindergarten must be 5 years old on or before Sept. 1st
- Acceptance into Kindergarten is dependent upon agreement with our standards and policies and a student readiness assessment.
- 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 PreK-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 school year that you are applying for: **2023-2024** **2024-2025**

Please circle the grade for which the student is applying:

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

Last Name First Middle Nickname Biological Sex M ☐ F ☐

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
Race: (check all that apply)	<input type="checkbox"/> American Indian/Native American	If NO , are you a permanent legal resident (hold a Green Card)? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Black/African American	
	Tribal Affiliation _____	
	<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)? _____

FAMILY INFORMATION:Child Lives With: ☐ Father & Mother ☐ Father ☐ Mother ☐ Other (state relationship): _____Who will be financially responsible: ☐ Father & Mother ☐ Father ☐ Mother ☐ Other: _____

If it is a split household and both parents are financially responsible, is there a certain percentage for each parent?

Mother _____% Father _____%

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		Mother's Cell Phone		Mother's Email Address	
Father's Employer		Position/Title		Mother's Employer	
Position/Title		Mother's Employer		Position/Title	
Work Phone		Work Email Address		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		Mother's Cell Phone		Mother's Email Address	
Father's Employer		Position/Title		Mother's Employer	
Position/Title		Mother's Employer		Position/Title	
Work Phone		Work Email Address		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.

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 Abundant Life Christian School 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 registration fee and first month's tuition is non-refundable (unless a WI Parental Choice Voucher is received) and the first semester is probationary for all students.

Father's / Guardian's Signature

Date

Mother's / Guardian's Signature

Date

A non-refundable registration fee of \$220 is charged upon offering admissions to ALCS, however this registration fee will be reduced by the amount of the application fee for this student. \$170 will be due to secure the offered seat.

For Office Use Only:

Image Release _____ IT Policy _____ Dress Code _____ Emergency Form _____ Immunizations _____ Records Request _____