Application for Admissions

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 3K must be 3 on or before Sept. 1st. Children entering 4K must be 4 on or before Sept. 1st. 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 middle and 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:

STUDENT INFORMATION:

If so, which language(s)? ___

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.

Please circle the school year that you are applying for: 2026-2027 2025-2026 Please circle the grade for which the student is applying: 3K 4K 10 12 11 Biological Sex M \square F \square Last Name First Middle Nickname Citv Street Address State 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? □ Yes □ No **U.S. Citizen?** □ Yes □ No □ American Indian/Native American **If NO**, are you a permanent □ Black/African American Race: (check all that apply) Tribal Affiliation _____ legal resident (hold a Green □ Asian □ Native Hawaiian/Pacific Islander □ White Card)? □ Yes □ No Does the student's family speak a language other than English in the home? — Yes — No



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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 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 Title First Name Last Name First Name Last Name Street Address Home/Main Phone City State Zip 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: _____Age: _____Grade: _____School: _____ Name: ______School: _____School: _____ Name: ______ Age: ____ Grade: ____School: ____ ______Age: _____Grade: _____School: _____ **PREVIOUS SCHOOL INFORMATION:** School Last Attended: _____ School Address: __ Grade Previously Completed: ______ Dates of Attendance: _____

_____ Email _____

Principal/Guidance Counselor: _____

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CHURCH INFORMATION:			
Wha	t church does your family usually attend?		
Sr. Pastor			
PAR	ENT QUESTIONNAIRE		
1.	Has your child ever been (Check all that apply; r ALCS): Yes No If so, please exp	request a copy of your child's discipline record to be forwarded to blain below:	
	☐ Suspended, In-School or Out-of-School ☐ Expelled, or asked to voluntarily withdraw	☐ Placed on academic or behavioral probation☐ Referred to juvenile authorities☐	
2.	•	ng, cheating, stealing in any context, sexual misconduct, drug se? No If so, note which:	
3.	Please list any/all other student issues (e.g., couprograms, etc.).	urt orders, counseling issues, ongoing therapy, rehabilitation	
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 medication	s? 🗆 Yes 🗆 No If yes, please explain:	
7.	Has the student received counseling for emotion explain:	nal or behavioral difficulties? \Box Yes \Box No \Box If yes, please	



SPECIAL NEEDS:

1.	Is there an awareness or suspicion of any learning differences or difficulties with your child? If so, please explain:
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.
rejec addit nas l subst stude eligib un	ledge and I agree that providing any false information or withholding pertinent information is sufficient reason for this application or for dismissal of my student at a later date. I further understand that I may be asked for ional written information concerning such items as academic and behavioral records. I agree that if my student been suspended, expelled, or involved in the criminal or juvenile justice system that I will supply all documents cantiating those circumstances. I understand and submit to the policy of Abundant Life Christian School that agent with such a record must first successfully complete not less than two full quarters elsewhere before becoming the to enroll. Iderstand that the registration fee and first month's tuition is non-refundable (unless a WI Parenta ce Voucher is received) and the first semester is probationary for all students.
athe	er's / Guardian's Signature Date
 Moth	er's / Guardian's Signature Date
regis	n-refundable registration fee of \$250 is charged upon offering admissions to ALCS, however this stration fee will be reduced by the amount of the application fee for this student. \$200 will be due to re the offered seat.
or (Office Use Only:
	mage Release IT Policy Dress Code Emergency Form Immunizations Records Request