

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	
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.

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 is charged upon offering admissions to ALCS to secure the offered seat.

For Office Use Only:

Assessment _____ Interview _____ Rep. Card/Transcript _____ IEP/504 Plan _____ Registration Fee Check or Cash
Image Release _____ IT Policy _____ Dress Code _____ Emergency Form _____ Immunizations _____ Records Request _____