



# Abundant Life Christian School

4901 E. Buckeye Road Madison, Wisconsin 53716  
608.221.1520 www.alcs.us

## INTERNATIONAL STUDENT APPLICATION

Please fill out the following application in FULL (one per student).  
Be sure to sign the *Statement of Cooperation*.

### Student Information

Academic Year: \_\_\_\_\_

Student Name \_\_\_\_\_  
(last) (first) (middle) (American nickname)

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex of Student:  M  F Grade Entering \_\_\_\_\_  
(mm/dd/yy)

Country of Origin \_\_\_\_\_ State/Province \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Postal or Zip Code \_\_\_\_\_

Phone Number with country code \_\_\_\_\_

**Student** Email Address (Required) \_\_\_\_\_

**Student** Cell Phone \_\_\_\_\_ Do you text?  Yes  No

Ethnicity: Is this student Hispanic or Latino/Latina?  Yes  No

Race(s): (Check all that apply)

- American Indian/Native American
- Asian
- Black/African American
- Native Hawaiian/Pacific Islander
- White

What is the student's native language? \_\_\_\_\_

Does the student read/write/speak any other languages  Yes  No

If so, which language(s)? \_\_\_\_\_

### 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:** This application covers only the designated school year. Its acceptance by the school makes no guarantee of academic progress or re-admission in subsequent years. The principal has the authority to deny enrollment upon receipt or prior school records.

For Office Use Only:

Paid \_\_\_\_\_ Check # \_\_\_\_\_ Classes \_\_\_\_\_ Lock \_\_\_\_\_

# Statement of Cooperation

In signing this application I understand that:

- I have read the school's *Statement of Doctrine* and am willing to have my child trained in accordance. I will support the teaching of the school both verbally and by example.
- The school administration has final discretion for placing my child in the proper grade. My child will participate in school activities and go on scheduled field trips. I will be informed of my child's progress at regular intervals and will partner with my child's guardian if there are academic concerns that need to be addressed.
- I support the school's standards of conduct and dress. I give the school full discretion in the discipline of my child while under its supervision. I agree to discuss any unusual or extended problems my child may be having. I acknowledge that the school reserves the right to dismiss any student who does not respect its spiritual standards or fails to cooperate in the educational process.
- I agree to pay bills as per my tuition agreement. Tuition is to be paid in full at the start of each semester. I understand that **a)** additional assessments may be made to cover damage to school/church property, etc., and **b)** any other charges for one semester must be paid in full before the pupil may continue for the next semester.
- ALCS does not carry student accident insurance coverage. This is the responsibility of the individual parents.
- I commit my cooperation in the following areas:
  - Donation of special gifts when able
  - Faithful prayer for the school
  - Scriptural handling of grievances (Matt. 18:15-17, Prov. 26:20)

**BOTH PARENTS PLEASE SIGN BELOW (unless only one has custody):**

Signature of Father \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Mother \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**STUDENT COMMITMENT (required in grades 6-12):**

I confirm that it is my own personal desire to attend Abundant Life Christian School and that I am willing to abide by the rules and policies of the school.

Signature of Student \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

***The (non-refundable) processing fee of \$275 must accompany this application.***

**Insurance Information:**

ALCS does not provide any type of health or accident insurance for injuries incurred by a child at school, during athletics or during any other school related event or activity. Since children may be particularly susceptible to injuries, we ask that you review your present health insurance program to determine if your coverage is adequate.

**PLEASE NOTE THAT ALL INTERNATIONAL STUDENTS ARE REQUIRED TO HAVE HEALTH INSURANCE COVERAGE.**

Please check the appropriate box below:

- We have adequate insurance to protect our son/daughter in case of an accident and understand that it is not the policy of Abundant Life Christian School to provide any type of health or accident insurance for injuries incurred by our child at school or at school sponsored activities. ***Please note policy information below.***
- Our child will be participating in athletics. We do not have adequate health insurance but agree to purchase health insurance prior to our child’s enrollment into ALCS and will file information with the school before practicing or playing games.

Insurance Company\_\_\_\_\_

Policy number\_\_\_\_\_

Effective Dates\_\_\_\_\_

\_\_\_\_\_  
Parent’s Signature

\_\_\_\_\_  
Date

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To be sure you submit a complete application packet, please make sure you include the following documents as part of your application:

- Parent and Student Questionnaire
- Immunization Record
- Emergency Form*
- Internet and Technology Safety Policy and Release Form*
- Image Release for Minors Form*

# Family Information

(Complete one per family)

## **ALCS Student(s):**

Name	Grade	Name	Grade
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever had children previously enrolled at ALCS? \_\_\_\_Yes \_\_\_\_No

Publish Information in School Directory  Yes  No

## **Father's Name** \_\_\_\_\_

(Title...Dr., Mr., Rev.)

(First)

(Last)

Address \_\_\_\_\_

City \_\_\_\_\_

State/Province \_\_\_\_\_

Postal or Zip Code \_\_\_\_\_

Check if Applicable:  Married  Divorced  Separated  Widowed  Remarried  Single

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Primary Email: \_\_\_\_\_

## **Mother's Name** \_\_\_\_\_

(Title...Dr., Mr., Rev.)

(First)

(Last)

Address \_\_\_\_\_

City \_\_\_\_\_

State/Province \_\_\_\_\_

Postal or Zip Code \_\_\_\_\_

Check if Applicable:  Married  Divorced  Separated  Widowed  Remarried  Single

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Primary Email: \_\_\_\_\_

**Parent Information cont'd**

If remarried, spouse's name \_\_\_\_\_  
(Title...Dr., Mrs., Ms., Rev.) (First) (Last)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Primary Email: \_\_\_\_\_

**Additional Information - REQUIRED**

What church or denomination does your family usually attend? \_\_\_\_\_

How did you hear about ALCS? Check all that apply.  Church  Website  Friend  Agency  
 Current ALCS Family (list family name here) \_\_\_\_\_

**Transportation between High Point Christian School and ALCS:**  Yes  No

I would like to take advantage of the daily bus transportation between the west campus at HPCS (Old Sauk Road, Madison) and ALCS on regularly scheduled school days. I/we understand that there is a \$300 fee per semester/per student fee and seats are secured once payment has been made as there are a limited number of spaces available.

**General Permission Slip**

By signing below, I/we understand that I/we are agreeing to the following:

**Field Trips:** I/we give permission for my child(ren) to take part in all off campus events such as educational field trips and recreational class parties. These field trips and class activities require student transportation by buses. I/we understand that individual parental permission slips for each event will not be solicited in lieu of this approval. Parents/guardians will receive advance notification of the date, time, and location of field trips.

**Internet Use:** I/we give permission for my child(ren) to have access to the Internet for instruction, accessing information, conducting research, and communicating with others as part of a specific curriculum. I/we agree to read and discuss the policy with my child(ren) prior to the start of school and agree to abide by the policy.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date