

OFFICE USE ONLY

Enter Dates Documents Received \_\_\_\_\_ Grade enrolled: \_\_\_\_\_  
Verification of birthdate \_\_\_\_\_  
Health Information \_\_\_\_\_  
Immunization record \_\_\_\_\_  
Transcripts \_\_\_\_\_  
Recommendations \_\_\_\_\_  
Withdrew \_\_\_\_\_



# STUDENT APPLICATION

## Abundant Life Christian Academy

Date of Application \_\_\_\_\_

Student Social Security # \_\_\_\_\_ Sex \_\_\_\_\_

1. Legal name of student \_\_\_\_\_  
LAST FIRST MIDDLE NICKNAME

2. Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_ Age \_\_\_\_\_  
MO DAY YR

3. Student living with: Father ( ) Mother ( ) Stepfather ( ) Stepmother ( )  
Other \_\_\_\_\_  
SPECIFY

Home address \_\_\_\_\_ P.O. Box \_\_\_\_\_  
NUMBER STREET  
CITY STATE ZIP Telephone( ) \_\_\_\_\_

4.

Legal names of those checked in #3	Denomination affiliation	Church where membership held	Languages used at home	Occupation	Business Phone

5. Is this student sponsored by an Adventist church member? Yes{ } No{ }  
Is this student a baptized member of the Adventist church? Yes{ } No{ } If yes, indicate year baptized \_\_\_\_\_  
Church where membership is held \_\_\_\_\_ If student has some other church affiliation, specify \_\_\_\_\_

6. School last attended \_\_\_\_\_  
NAME OF SCHOOL ADDRESS TELEPHONE

7. Family physician \_\_\_\_\_  
NAME ADDRESS TELEPHONE

8. Person to be notified in case of emergency if parent is not available  
Name ADDRESS TELEPHONE

9. Indicate physical problem by check: Hearing{ } Heart{ } Sight{ } Speech{ }  
Other \_\_\_\_\_  
SPECIFY

10. If on regular medication, please specify \_\_\_\_\_

11. In the event of sudden illness or accident requiring attention, school personnel are authorized to administer first aid, and if necessary, take my child for emergency treatment to a doctor's office or hospital.

Signature of Parent or Guardian: \_\_\_\_\_

Hospital Preference \_\_\_\_\_ Telephone \_\_\_\_\_

12.

Names of other children in family	Sex	Age	Check if living at home	School child is attending

13. Has this student been previously identified as qualifying for a gifted education program (GATE)? Yes{ } No{ }  
 If yes, what kind? \_\_\_\_\_ When? \_\_\_\_\_ Where? \_\_\_\_\_ By whom? \_\_\_\_\_

14. Has this student been previously identified as qualifying for a special education program (IEP)? Yes{ } No{ }  
 If yes, what kind? \_\_\_\_\_ When? \_\_\_\_\_ Where? \_\_\_\_\_ By whom? \_\_\_\_\_

15. Does student have an unpaid account at another school? Yes{ } No{ } If so, state where \_\_\_\_\_

16. Name and address of person to whom financial statements are to be sent if different from that given in item #3.

NAME ADDRESS TELEPHONE

Please list additional persons who may be called in the event of an emergency, and who are authorized to remove the child from school. (Your child will not be allowed to leave with any other person without written authorization from parent or guardian).

Name	Address	Telephone	Relationship

**STUDENT CONTRACT:**

I agree to uphold Abundant Life Christian Academy's regulations. I pledge my cooperation with and loyalty to the school and its employees. I will live in harmony with the school's Christian principles.

\_\_\_\_\_  
 Student's Signature Date

**PARENT CONTRACT:**

I hereby agree to support school regulations and to help my child observe them, to supply physical examination reports for this student, a) entering school for the first time, b) at grade seven (this should include the scoliosis examination), c) at least once in grades nine through twelve, and d) at other grades, when required by the Conference Board of Education; and to accept all financial educational obligations for this student.

I certify that all information in this submitted application is complete and accurate. I understand any falsification of application documents will result in the immediate dismissal of the student.

\_\_\_\_\_  
 Parent/Guardian's Signature Date