

ABUNDANT LIFE CHRISTIAN SCHOOL

2023-2024 ENROLLMENT APPLICATION

STUDENT INFORMATION (Please Print Legibly) (for office use ONLY) Entry Date _____ Student ID # _____

Student's Legal Name: _____

Last Name

First Name

Middle Name

Date of Birth: ____ / ____ / ____ Social Security/Alternate ID Number: ____ / ____ / ____ Race: _____
Month Day Year

Grade _____ Gender _____ (Male/Female) **Primary Phone Number:** _____

Student Home Address: _____

Sibling _____ Grade _____ Sibling _____ Grade _____

STUDENT CONTACT INFORMATION Primary Parent or Guardian Enrolling Contact: ____ Parent ____ Guardian

Contact Name _____

Last Name

First Name

Middle Name

Driver's License Number _____ Driver's License State _____ Birthdate: _____

Relationship: ____ Father ____ Mother ____ Grandmother ____ Uncle ____ Brother ____ Guardian
____ Stepfather ____ Stepmother ____ Grandfather ____ Aunt ____ Sister ____ Foster Parent

Custody Orders: ____ Legal Orders: ____ (attach documentation) ____ None Student

Resides: ____ Yes ____ No Receives Mail: ____ Yes ____ No

Home Address _____

Street Address

City

Zip Code

Home Phone _____ **Cell Phone** _____ **Work Phone** _____

E-Mail Address _____

Other Parent or Guardian Contact ____ Parent ____ Guardian

Contact Name: _____

Last Name

First Name

Middle Name

Driver's License Number _____ Driver's License State _____ Date of Birth _____

Relationship: ____ Father ____ Mother ____ Grandmother ____ Uncle ____ Brother ____ Guardian
____ Stepfather ____ Stepmother ____ Grandfather ____ Aunt ____ Sister ____ Foster Parent

Student Resides: ____ Yes ____ No Receives Mail: ____ Yes ____ No

Home Address _____

Street Address

City

Zip Code

Home Phone _____ **Cell Phone** _____ **Work Phone** _____

E-Mail Address _____

Student Name: _____

Grade _____

Alternate Contact Person

Contact 2nd 3rd 4thif Primary Contact cannot be reached

Contact Name: _____
First Name Middle Last Name

Relationship: Father Mother Grandmother Uncle Brother Guardian
 Stepfather Stepmother Grandfather Aunt Sister Foster Parent

Can Pick Up: Yes No

Home Phone _____ Cell Phone _____ Work Phone _____

Alternate Contact Person

Contact: 2nd 3rd 4thif Primary Contact cannot be reached

Contact Name: _____
First Name Middle Last Name

Relationship: Father Mother Grandmother Uncle Brother Guardian
 Stepfather Stepmother Grandfather Aunt Sister Foster Parent Can

Pick Up: Yes No

Home Phone _____ Cell Phone _____ Work Phone _____

Student will NOT be released to anyone NOT listed as a contact. Please NOTIFY school within 24 hours if you have a CHANGE in any of this information.

Signature of Parent/Guardian Date

Student Name: _____

Grade: _____

CHURCH INFORMATION

Family's Home Church: _____ Pastor's Name: _____

Does the applicant attend the services at the above listed church? _____

Does the applicant profess to be a Christian and live a life that validates that profession? _____

EDUCATIONAL BACKGROUND

Last School Attended _____ City & State _____

Has the applicant ever repeated a grade? _____ (if so, list the grade(s) repeated and a brief description of the reason(s))

Has the applicant ever had psychological or educational testing? _____

Has your child ever been in any special programs for speech, learning disabilities, gifted, challenged or other? _____ If so, please describe: _____

Has the applicant ever: (yes or no)

1. Had any serious discipline problems? _____
2. Been suspended or expelled from school? _____
3. Had behavioral issues _____
4. Been convicted of a crime? _____
5. Had problems with drugs or alcohol? _____

If you answered yes to any of the above, or would like to let us know about anything else particular to your child, please explain below:

NOTICE/CONSENT FOR CONFIDENTIAL RECORDS INFORMATION

Abundant Life Christian School – La Marque, TX

We are asking that you authorize the person/agency named below to release/to request specific records containing confidential information regarding your student.

Student: _____ **DOB** _____ **Grade** _____

School Enrolled: **Abundant Life Christian School** Requester Name: _____

Address: 5130 Hallam Road, La Marque, Texas 77568 Phone: 409-935-8773

Last School Attended: _____

Address: _____ Phone: _____

Type(s) of Information Requested:

- High School Transcript
- Report Cards (past two years)
- State Test Results
- Discipline Record
- Attendance Record
- Original Home Language Survey
- Birth Certificate
- Social Security Card
- Immunization Record
- Guardianship Paperwork, if appl.
- Special Ed/ESL/LEP/504/G/T, if appl.
- Other _____



Parent/Guardian:

_____ Date _____

Signature of parent, guardian, surrogate parent or adult student

Address of Parent/Guardian _____

Signature of Interpreter (if used) _____

Abundant Life Christian School



Nursing Station

Enrollment Form 2023-2024 School Year

Grade _____

for 2023-2024 School Year

CONFIDENTIAL SCHOOL HEALTH HISTORY/CONSENT FORM

Student's Last Name _____ First Name: _____ Date of Birth _____

Parent/Guardian: _____

Address: _____

Phone Numbers: Home: _____ Cell: _____ Work: _____

Mother's e-mail: _____ Father's e-mail: _____

Other children at Abundant Life Christian School: Name: _____ Grade _____

Name: _____ Grade: _____

Who is your family Doctor? _____ Date of last visit? _____

Who is your family Dentist? _____ Date of last visit? _____

Does your child have vision problems? Yes ___ No ___ Glasses or contact lenses? Yes ___ No ___ Does your child have hearing problems? Yes ___ No ___ Have hearing aids? Yes ___ No ___

Does your child have any Health problems? Yes ___ No ___ If so, please check all that apply:

Asthma ___ Cancer ___ Heart problems ___ Seizures ___ Sickle Cell Anemia ___ ADHD ___ Diabetes ___ Kidney problems ___ Headaches ___ Bleeding problems ___ Frequent ear infections ___

Please list any MEDICATION that your child takes regularly _____

Does your child have any ALLERGIES? If so, please list and describe the reaction:

Medication: Yes ___ No ___ _____

Foods: Yes ___ No ___ _____

Insects: Yes ___ No ___ _____

If any other health problems, list them here: _____

PERMISSION FOR SERVICES

I give permission for my child to receive health related services at school that may include medical treatment and/or state recommended screenings for vision, hearing, scoliosis, blood pressure, body mass index, and dental screenings. Prescription and non-prescription medications may be given at the school with additional signed parental permission and properly labeled prescription container from the pharmacist.

In case of emergency and I cannot be reached, I would like my child transported to the nearest emergency room by Emergency Medical Services (EMS). I understand that I am responsible for all expenses associated with the emergency.

Parent/Guardian Signature _____ Date _____