



ABUNDANT LIFE CHRISTIAN SCHOOL 2024-2025 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:** _____

Home Address _____
Street Address City Zip Code

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. ___ 4th*if 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. ___ 4th*if 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. ___ 4th*if 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 Print Name 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Been suspended or expelled from school? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Had behavioral issues? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Been convicted of a crime? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Had problems with drugs or alcohol? | <input type="checkbox"/> | <input type="checkbox"/> |

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 2024-2025 School Year

Grade _____
for 2024-2025 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 _____