

ABUNDANT LIFE CHRISTIAN ACADEMY

Building a Legacy of Christian Excellence One Student at a Time



Isaiah 40:31

Admissions Application 2011-2012

1494 Banks Road
Margate, Florida 33063

954.979.2665 Phone
954.979.1983 Fax

www.alpro.com

ACCREDITED BY: Association of Christian Teachers and Schools (ACTS) and Florida League of Christian Schools (FLOCS)
Additionally, the ALCA Preschool is ACTS/FLOCS Accredited, FLOCS Certified (#4631), and a
Florida DCF Gold Seal Preschool

NOTICE OF NON-DISCRIMINATORY POLICY

Abundant Life Christian Academy admits students of any race, national and ethnic origin to all rights, privileges, programs and activities. It does not discriminate on the basis of race, color, or ethnic origin in the administration of its educational policies, admission policies, scholarships, athletics, or any other school sponsored program.

STUDENT INFORMATION

It is not necessary to duplicate information that is identical for all students

Student #1 - Full Legal Name

Social Security Number _____ Date of Birth _____

Sex _____ Age _____ Grade Applying For _____

Ethnicity _____

11:30 a.m. 2:45 p.m. 6:00 p.m. _____ Yes - No _____

Circle Above Preschool Dismissal Only _____ Circle Above if VPK _____

Yes - No _____ Yes - No _____

Circle Above - Extended Care _____ Circle Above- Summer Camp _____

School Currently Attending _____

Phone Number _____ Fax Number _____

Student #2 - Full Legal Name

Social Security Number _____ Date of Birth _____

Sex _____ Age _____ Grade Applying For _____

Ethnicity _____

11:30 a.m. 2:45 p.m. 6:00 p.m. _____ Yes - No _____

Circle Above Preschool Dismissal Only _____ Circle Above if VPK _____

Yes - No _____ Yes - No _____

Circle - Extended Care _____ Circle Above - Summer Camp _____

School Currently Attending _____

Phone Number _____ Fax Number _____

Student #3 - Full Legal Name

Social Security Number _____ Date of Birth _____

Sex _____ Age _____ Grade Applying For _____

Ethnicity _____

11:30 a.m. 2:45 p.m. 6:00 p.m. _____ Yes - No _____

Circle Above Preschool Dismissal Only _____ Circle Above if VPK _____

Yes - No _____ Yes - No _____

Circle Above - Extended Care _____ Circle Above - Summer Camp _____

School Currently Attending _____

Phone Number _____ Fax Number _____

Student #4 - Full Legal Name

Social Security Number _____ Date of Birth _____

Sex _____ Age _____ Grade Applying For _____

Ethnicity _____

11:30 a.m. 2:45 p.m. 6:00 p.m. _____ Yes - No _____

Circle Above Preschool Dismissal Only _____ Circle Above if VPK _____

Yes - No _____ Yes - No _____

Circle Above - Extended Care _____ Circle Above - Summer Camp _____

School Currently Attending _____

Phone Number _____ Fax Number _____

HEALTH INFORMATION

	Doctor's Name	Office Phone Number	Name of Insurance Company	Group and/or Policy #
Physician				
Dentist				

Please list any allergies or other necessary medical information for student(s). (Attach additional sheet if necessary.)

Student Name	Details
1.	
2.	
3.	
4.	

Is there any medical reason that any student listed above cannot participate in physical education or sports programs? Please explain.

Student Name	Details
1.	
2.	
3.	
4.	

An updated HRS 680 Form (Immunization Record) and HRS 3040 Form (Well Check Up) dated within the last two years must be attached for each student. All forms must be originals. Out of state applicants must have medical records transferred to State of Florida forms by the physician.

INFORMATION FOR ACCOUNTING PURPOSES

Please fill out this form. The information is for accounting purposes only and will be kept in a secure file.

Student's Name _____ Grade _____
(Please print names)

_____ Grade _____

_____ Grade _____

_____ Grade _____

Father's Name _____ / _____
Please Print Signature

Father's Social Security Number _____

Father's Drivers License Number _____

Mother's Name _____ / _____
Please Print Signature

Mother's Social Security Number _____

Mother's Drivers License Number _____

Guardian's Name
(If applicable) _____ / _____
Please Print Signature

Guardian's Social Security _____

Guardian's Drivers License Number _____