

ABUNDANT LIFE CHRISTIAN ACADEMY

BUILDING A LEGACY OF CHRISTIAN EXCELLENCE ONE STUDENT AT A TIME: Heaven-bound & College-minded

APPLICATION 2020-2021



Isaiah 40:31

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alcapro.com

Accreditation

Abundant Life Christian Academy is accredited by AdvancED and International League of Christian Schools (ILCS)/Florida League of Christian Schools (FLOCS).
Abundant Life Christian Academy Preschool is FLOCS accredited and FLOCS certified.

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.

FOR OFFICE USE

Testing Date _____ Time _____ Tested by _____
Approved by _____ Date _____
Interview Date _____ Time _____ Interviewed by _____

HOW DID YOUR FAMILY HEAR ABOUT ALCA?

Name _____

STUDENT INFORMATION

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

1. STUDENT # 1 Full Legal Name

Social Security Number		Date of Birth	
Sex	Age	Grade Applying For	
Ethnicity			
(Circle One)	11:30 a.m.	2:45 p.m.	6:00 p.m.
Preschool Dismissal Only			
(Circle One) Yes - No		(Circle One) Yes - No	
Extended Care		Summer Camp	
School Currently Attending			
Phone Number		Fax Number	

2. STUDENT # 2 Full Legal Name

Social Security Number		Date of Birth	
Sex	Age	Grade Applying For	
Ethnicity			
(Circle One)	11:30 a.m.	2:45 p.m.	6:00 p.m.
Preschool Dismissal Only			
(Circle One) Yes - No		(Circle One) Yes - No	
Extended Care		Summer Camp	
School Currently Attending			
Phone Number		Fax Number	

3. STUDENT # 3 Full Legal Name

Social Security Number		Date of Birth	
Sex	Age	Grade Applying For	
Ethnicity			
(Circle One)	11:30 a.m.	2:45 p.m.	6:00 p.m.
Preschool Dismissal Only			
(Circle One) Yes - No		(Circle One) Yes - No	
Extended Care		Summer Camp	
School Currently Attending			
Phone Number		Fax Number	

4. STUDENT # 4 Full Legal Name

Social Security Number		Date of Birth	
Sex	Age	Grade Applying For	
Ethnicity			
(Circle One)	11:30 a.m.	2:45 p.m.	6:00 p.m.
Preschool Dismissal Only			
(Circle One) Yes - No		(Circle One) Yes - No	
Extended Care		Summer Camp	
School Currently Attending			
Phone Number		Fax Number	

HEALTH INFORMATION

	Doctor's Name	Office Number	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 is restricted from participation in physical education or sports programs?

Student Name	Details
1.	
2.	
3.	
4.	

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

STUDENT INFORMATION

The following information **MUST** be completed for each student applying for admission to ALCA. "Yes" answers must be explained in the space below. Attach a separate sheet if more space is needed.

Student Number (Please Circle Yes or No)	1	2	3	4
1. Has an application previously been submitted to ALCA for this student?	Yes No	Yes No	Yes No	Yes No
2. Has the student ever been dismissed or suspended from any school?	Yes No	Yes No	Yes No	Yes No
3. Does the student have any behavioral problems?	Yes No	Yes No	Yes No	Yes No
4. Does the student have any problems getting along with others?	Yes No	Yes No	Yes No	Yes No
5. Does the student have any learning difficulties?	Yes No	Yes No	Yes No	Yes No
6. Does the student have any physical disabilities?	Yes No	Yes No	Yes No	Yes No
7. Has the student qualified for a Step Up For Students or McKay Scholarship?	Yes No	Yes No	Yes No	Yes No
Please Explain				
Question#	Student #	Explanation		

PARENT INFORMATION

Father's Name (or Legal Guardian) _____

Address _____

City _____ State _____ Zip _____

Home Phone Number _____

Cell Phone Number _____

E-Mail Address _____

Place of Employment _____

Occupation _____

Work Phone Number _____

Mother's Name (or Legal Guardian) _____

Address _____

City _____ State _____ Zip _____

Home Phone Number _____

Cell Phone Number _____

E-Mail Address _____

Place of Employment _____

Occupation _____

Work Phone Number _____

- If student(s) does not live with both parents, please check the applicable reason:
 Father deceased ____ Mother deceased ____ Parents divorced ____ Parents separated ____
 Other (explain) _____
- If parents are divorced or separated, who has legal custody? _____
- Is either parent forbidden to pick up student(s) from school? Yes ____ No ____ (If yes, a copy of court documentation must be attached)
- Has either parent ever been convicted of a crime involving a child? Yes ____ No ____ (If yes, a written explanation must be attached)
- Which parent has residential custody of the child? Please check: Both ____ Dad ____ Mom ____

EMERGENCY CONTACTS AND TRANSPORTATION INFORMATION

EMERGENCY ONLY - NOT FOR PICKUP: Please list any persons to contact in case of emergency and parents cannot be reached:

Name	Relationship	Phone Number
1.		
2.		
3.		

TRANSPORTATION ONLY - PICK UP: Please list all persons authorized to pick up student(s) from ALCA:

Name	Relationship	Phone Number
1.		
2.		
3.		

CHURCH INFORMATION

Abundant Life Christian Academy is in partnership with parents and church to support and nurture the spiritual growth and maturity of each student; therefore, regular church attendance is essential and expected.

Name of Home Church	Phone Number	Pastor's Name
Address	City	State
<input type="checkbox"/> How often are services attended by each member of the family? (Please check frequency)	Father: <input type="checkbox"/> 3-4 times monthly Mother: <input type="checkbox"/> 3-4 times monthly Student: <input type="checkbox"/> 3-4 times monthly	<input type="checkbox"/> Occasionally <input type="checkbox"/> Occasionally <input type="checkbox"/> Occasionally
<input type="checkbox"/> In which activities or responsibilities are you and your student(s) involved at church? (Explain)		<input type="checkbox"/> Seldom/Never <input type="checkbox"/> Seldom/Never <input type="checkbox"/> Seldom/Never

Please briefly summarize your salvation experience, your personal relationship with Jesus Christ, and your belief about the Bible on a separate sheet of paper.

PARENTAL/LEGAL GUARDIAN CONTRACT (Financial Information & Obligation)

My signature below indicates that I have read, understand, and agree with the Parental/Legal Guardian Contract in making application for my child(ren) to attend Abundant Life Christian Academy:

1. I agree to uphold the standards of the school in every area of its philosophy and policies including spiritual, academic, attendance, behavioral, dress code, electronic use, Internet, moral, disciplinary, Code of Honor, and to maintain the basic principles of biblical morality in my home.
2. I agree to assume the responsibility for my child's education by actively co-laboring with the school, supervising homework, being an encourager, and keeping in regular contact with my child's teachers.
3. I agree to support the school to the best of my ability through attendance and participation in the various school activities, and through prayer, time, and financial gifts.
4. I pledge to pay my tuition on time.
5. In the event that my child becomes ill or is injured while under school supervision, I give my consent to the school to take whatever necessary steps for my child(ren)'s well-being.
6. If, in the opinion of a properly licensed and practicing physician, my child needs medical or surgical services which require my consent and I cannot be reached, I hereby authorize, appoint, and empower the school principal, or designee, to furnish on my behalf such written or oral authorization as may be so required. Further, I release the principal, or designee, Abundant Life Christian Academy and Abundant Life Christian Centre from any liability which might arise from the giving of such authorization, it being my desire that my child be furnished with such medical or surgical services as soon as reasonably possible after the need arises.
7. I understand students may appear in school promotional pictures and/or videos.
8. I understand that my child cannot be enrolled until the matriculation fee has been paid and the enrollment contract has been signed.
9. I understand that all payments and fees are non-refundable.
10. I understand that once the parent contract has been signed and the matriculation fee paid, I am responsible to pay the full tuition and fees for the current semester, whether I voluntarily withdraw my child or my child is dismissed from the school. Preschool students are only responsible for current month enrolled. Records will not be forwarded, until all financial obligations have been satisfied.
11. I understand that all past due balances (five days late) will be subject to a \$35 late fee charged per student. Any balances delinquent over 25 days may result in my student being removed from school. Failure to pay delinquent accounts may require collections.
12. I agree to be personally responsible for all financial obligations incurred at Abundant Life Christian Academy.
13. Abundant Life Christian Academy reserves the right to refuse any application or to dismiss any child at any time for unacceptable work or conduct, or for any other reason, as deemed necessary. Acceptance into the Academy is not determined until the admission process is completed.
14. McKay and Step Up for Students Scholarship recipients are responsible for full tuition payments not covered by scholarship if withdrawn early from ALCA. Any difference in tuition payment is the responsibility of the parent/guardian.

Father's Signature

Date

Mother's Signature

Date

Legal Guardian's Signature

Date

Administrative Signature

Date

FOR OFFICE USE

Student Name	Reg. Fee	Matric. Fee	EXS/Camp Reg. Fee	Entrance Testing	Tech. Fee	PTF Fee	Total Fees	Form of Payment	Amount Paid/Date	Received by
								Cash Check #	/	
								Cash Check #	/	
								Cash Check #	/	
								Cash Check #	/	