

Abundant Life School
9200 Highway 107, Sherwood, AR 72120
(501)835-3120 Fax (501)835-4428
www.abundantlifeschool.org

4K ___ half day ___ full day
5K ___ half day ___ full day

Registration & Application for Admission

Student's Name _____

Last

First

Middle

Preferred Name: _____ SSN: _____ Grade Level Entering: _____

Date of Birth: Month _____ Day _____ Year _____ Present Age: _____ Gender: _____

Race: _____ Church Affiliation: _____

Is student a United States citizen? Yes *No * If no, appropriate Immigration papers must be submitted with application.

Student resides with (check one): Both Parents Mother Father Guardian

Mother/Step-Father Father/Step-Mother Grandparents

Street Address: _____ City: _____ Zip: _____

Home Phone: (_____) _____ Cell Number: (_____) _____

Field Trip T-shirt Size (circle one): Y-Small Y-Med. Y-Lg Adult-Small Adult-Med Adult-Lg Adult-XL

Father's Name: _____ Title: Mr. Dr. Rev.

***E-Mail Address:** _____ Cell Number (_____) _____

(Must provide a valid e-mail address. This is our primary form of communication.)

Address if different than Students: _____

Company Name: _____ Occupation: _____

Business Phone (_____) _____ Fax: (_____) _____

Are you an ALS Alumnus? Yes No If yes, graduation year: _____

Church Affiliation: _____

Emergency Contact: Allowed to pick up child: Receive Mail:

Mother's Name: _____ Title: Miss Mrs. Ms. Dr. Rev.

***E-Mail Address:** _____ Cell Number (_____) _____

(Must provide a valid e-mail address. This is our primary form of communication.)

Address if different than Student's: _____

Company Name: _____ Occupation: _____

Business Phone (_____) _____ Fax: (_____) _____

Are you an ALS Alumnus? Yes No If yes, graduation year: _____

Church Affiliation: _____

Emergency Contact: Allowed to pick up child: Receive Mail:

Emergency Contacts (other than parent/guardian)

Contact Name: _____ Relation: _____

Home phone #(____)____-____ Business #(____)____-____ Cell #(____)____-____

Contact Name: _____ Relation: _____

Home phone #(____)____-____ Business #(____)____-____ Cell #(____)____-____

Medical Contacts

Physician: _____ Phone Number: (____)_____

Dentist: _____ Phone Number: (____)_____

Hospital: _____ Phone Number: (____)_____

Insurance: _____ Phone Number: (____)_____

Group Number: _____ Policy Number: _____

Has your child been diagnosed with a learning disability? _____

List known allergies or medical conditions/impairments: _____

Routine Medication(s)/Dosage: _____

Pickup Information (People Authorized to pickup child from school)

Name: _____ Phone: _____

Relationship _____ Notes: _____

Name: _____ Phone: _____

Relationship _____ Notes: _____

Name: _____ Phone: _____

Relationship _____ Notes: _____

How did you find out about Abundant Life School, or whom may we thank for referring you? (Please name only one.) _____

In a medical emergency, I hereby authorize the school to seek emergency medical assistance for my child. I understand if any information on these pages should change, I need to notify the school immediately.

Parent/Guardian Signature

Date

Field Trip Permission

It is necessary that this form remain on file for every child in our school. No child will be allowed to leave the school without parental permission given.

I give my permission for _____ to go on any field trip that
is to be taken. Yes _____ No _____
Student's Name

Parent/Guardian Signature

Date

PLEASE READ CAREFULLY.

1. I understand that Abundant Life School (ALS) is a ministry of Sylvan Hills First Baptist Church, and I realize that all spiritual and moral teaching will be based on the Baptist Faith and Message 2000. While my personal feelings may differ from this document, I agree to support ALS in the spiritual and moral teaching of my child.
2. I give permission for my child to take part in all school activities, including sports and school-sponsored trips, away from the school premises, and absolve the school from liability to me or my child because of any injury to my child at the school activity.
3. I hereby pledge to pay financial obligations to ALS no later than the date due. I also understand that if my tuition becomes 60 days delinquent, my child or children will not be allowed to return to school until delinquent tuition is paid in cash. Student records will not be forwarded to another school until unpaid balances are paid in full.
4. I understand the standards of ALS do not tolerate profanity, obscenity (in word or action), dishonor to the Holy Trinity and the Word of God, or disrespect to the personnel of the school. It is understood that attendance at ALS is a privilege and not a right. This privilege may be forfeited by any student who does not conform to the standards and regulations of the institution; and the school may request the withdrawal at any time of any student who, in the opinion of the school, does not fit into the spirit of the school, **REGARDLESS OF WHETHER OR NOT THEY CONFORM TO THE SPECIFIC RULES AND REGULATIONS OF THE SCHOOL.**
5. I hereby agree to authorize this school to employ such discipline as it deems wise and expedient for my child. Corporal punishment may be used. Parents are always notified before administering corporal punishment.
6. I understand that as a parent, it is my responsibility to support the school, its administration and its teachers in decisions that they may have regarding students. I also understand that parents must go through the proper channels in conferencing with teachers or administration and when doing so, must behave in an appropriate manner. Any misbehavior on the part of a parent in dealing with the teacher or administration could result in immediate dismissal of the parent's children from ALS.
7. The internet is a vast repository of information providing unprecedented educational opportunities for our students. I give permission for my child to use the internet in classroom settings to search for information on acceptable user sites.
8. I give permission for ALS to use my child's photograph and/or name in school publications, including but not limited to newsletters, newspapers, television releases, school website, advertising, and promotional materials.
9. ALS will not administer over-the-counter medications or prescription drugs without proper documentation. In the event of a medical emergency, I give permission for my child to receive first aid from an ALS employee and/or treatment as required by a physician.
10. I have read and agree to abide by all rules in the current handbook.

**I have read the terms stated on this application and agree hereto.
I AGREE TO PAY IN FULL ALL BOOK FEES BY DUE DATE.**

I UNDERSTAND THAT THE REGISTRATION AND FACILITY FEES ARE NON-REFUNDABLE.

Father/Guardian Signature	Mother/Guardian Signature
Date: _____	Date: _____

FOR OFFICE USE ONLY:

Date: _____ Amount Paid: _____
 Registration _____ Testing _____ Tuition _____ Books _____
 Draft form filled out: _____ Date of draft: _____ Cash: _____
 Check: _____ Credit Card: _____

To be completed by all 4K-12th grade students

I, the undersigned, hereby agree to give my wholehearted cooperation as a student who has the privilege of attending this school and will refrain from the following:

- | | |
|----------------------------------------|-----------------------------------------|
| 1. Disrespect of God or Scriptures | 7. Profanity and filthy language |
| 2. Smoking, drinking, gambling | 8. Harassment of students or staff |
| 3. Use, sale, or distribution of drugs | 9. Violence toward students or staff |
| 4. Inappropriate sexual relationship | 10. Critical and uncooperative attitude |
| 5. Fighting | 11. Inappropriate use of technology |
| 6. Destruction of school property | |

I further understand that the privilege of attending Abundant Life School can be removed at any time if the rules listed on these pages are violated or if at any time, in the opinion of the administration, that my continued presence is considered to not be in the best interest of the school.

Student's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

5-12th Grade Application ONLY

(To be filled out by student in own handwriting)

Is it your personal desire to attend Abundant Life School? _____

Have you had any difficulty with students or teachers in previous schools? If so, explain: _____

Have you had difficulty with civil authorities? _____ If so, state briefly: _____

Are you willing to abide by the rules of this school? _____

What hobbies or special interests do you have? _____

Are you a Christian? _____ Please explain what you mean by that: _____

Write a brief statement on what you believe concerning the Bible, the Christian faith, and why you desire to attend Abundant Life: _____

Student's Signature: _____ Date: _____