

# Abundant Life Christian School

Abundant Life Worship Center

43 South Jefferson Rd.

Whippany, NJ 07981

(973)463-9455

## APPLICATION FORM:

OFFICE USE ONLY	
Grade entering in Sept. _____	
Female _____	Male _____ DOB ____/____/____
Application Fee _____	Foundation Fee _____
Referred to School by: _____	

The \_\_\_\_\_ non-refundable application fee must accompany this application in order to secure a spot for your child. The entire form (front and back) must be completed and returned to the school admissions office. Thank you.

### Student Information

Student's Name: \_\_\_\_\_  
Last First Middle

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Family Information

Father's Name: \_\_\_\_\_

Street Address (If different from above): \_\_\_\_\_

Cell phone \_\_\_\_\_ e-mail \_\_\_\_\_

Employed by \_\_\_\_\_ phone \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Street Address (If different from above): \_\_\_\_\_

Cell phone \_\_\_\_\_ e-mail \_\_\_\_\_

Employed by \_\_\_\_\_ phone \_\_\_\_\_

Please circle one: Married Separated Divorced Widow Remarried Single  
Student lives with: Both Parents Father Mother Guardian

Name and DOB of all the children in your family:

Name	DOB
_____	_____
_____	_____
_____	_____
_____	_____

Name of prior school attended: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Denomination affiliation: \_\_\_\_\_

Name of church attended: \_\_\_\_\_

How did you hear about our school? \_\_\_\_\_

State in detail why you would like your child to attend this school: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you willing to volunteer in any of the following areas?

\_\_\_ In the Lunchroom \_\_\_ In the Classroom \_\_\_ Class Trip Chaperone  
\_\_\_ Fundraising \_\_\_ Other Activities

Please list and describe any talents, trade skills, or hobbies you have that you would be willing to share with and/or teach our students? (Art, Music, Singing, Playing an Instrument, Computers/Technology, Cooking/Baking, Carpentry, Etc...)

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Has your child been serviced under any of the following programs in former schools?

- Special Services / Child Study Team \_\_\_\_\_
- 504 Accommodations \_\_\_\_\_
- Basic Skills \_\_\_\_\_
- English as a Second Language \_\_\_\_\_
- Other (Please describe) \_\_\_\_\_



\_\_\_\_\_  
Father's (Print Clearly)

X \_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother's Name (Print Clearly)

X \_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian's Name (Print Clearly)

X \_\_\_\_\_  
Guardian's Signature

\_\_\_\_\_  
Date