



*(Please print)*

Student's Name \_\_\_\_\_  
(Last) (First) (Middle)

Date of Birth \_\_\_\_\_ Grade Entering: \_\_\_\_\_  
(Month/Day/Year) (Testing required before placement)  
-K4 students must turn 5 years old by the end of January during the school year

Address \_\_\_\_\_  
(Number) (Street)  
\_\_\_\_\_  
(City) (State) (Zip code)

*(If applicable)*  
Student's Home Number \_\_\_\_\_

Student's Cell Number \_\_\_\_\_

Student's Email Address \_\_\_\_\_

Church Student Attends \_\_\_\_\_  
(Name) (Denomination)

**Family Information**

Father's Name \_\_\_\_\_  
(Last) (First) (Middle)

Mother's Name \_\_\_\_\_  
(Last) (First) (Middle)

*(If applicable)*  
Guardian's Name \_\_\_\_\_  
(Last) (First) (Middle)

Address (if different from student) \_\_\_\_\_  
(Number) (Street)  
\_\_\_\_\_  
(City) (State) (Zip code)



**Family Information Continued**

Father's Cell Number \_\_\_\_\_

Mother's Cell Number \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

Email Address of Parent \_\_\_\_\_

Is the student's father and mother divorced? \_\_\_\_\_ NO \_\_\_\_\_ YES

If yes, with whom does the student live? \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Guardian

Other people living in the home of the student \_\_\_\_\_  
(Name) (Relationship)

\_\_\_\_\_  
(Name) (Relationship) / (Name) (Relationship)

\_\_\_\_\_  
(Name) (Relationship) / (Name) (Relationship)

**Emergency Contact Information**

Preferred parent/guardian to call during an emergency \_\_\_\_\_  
(First and Last Name)

Preferred phone number to call during an emergency \_\_\_\_\_

Alternate person to call during an emergency (second contact)

\_\_\_\_\_  
(Last Name) (First Name) (Relationship) (Phone Number)

**Allergy Information** (please list known allergens) \_\_\_\_\_

\_\_\_\_\_



**Transfer Student Information**

School last attended \_\_\_\_\_

Address \_\_\_\_\_

(Number)

(Street)

(City)

(State)

(Zip code)

Phone Number \_\_\_\_\_ Grade Completed \_\_\_\_\_

**Student Pick-up/Driving Information**

My student (ages 16+), \_\_\_\_\_ has my permission to drive to and from school on a daily basis. I acknowledge Word of Life Assembly of God, the school, and the staff are in no way responsible for the safety of my child when he/she is coming and going to the school facility. I assume all responsibility for my child's safety when travelling to and from the school/church facility.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Parent's Name \_\_\_\_\_

Person/Persons other than parent or guardian allowed to pick-up student

\_\_\_\_\_  
(Name) (Name)

**Other Information**

Has your student ever been suspended or expelled from any school? \_\_\_\_\_ NO \_\_\_\_\_ YES

Have you (both parents and/or guardians) ever been investigated by DHS? \_\_\_\_\_ NO \_\_\_\_\_ YES

Are both parents or guardians in agreement to enroll in WOLCA? \_\_\_\_\_ NO \_\_\_\_\_ YES

**We, the undersigned, understand the requirements and regulations of the school and pledge our full cooperation.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_