



2023-2024

(Please print)

Returning Student's Name _____
(Last) (First) (Middle)

Date of Birth _____ SSN: _____
(Month/Day/Year)

Address _____
(Number) (Street)

(City) (State) (Zip code)

(If applicable)
Student's Home Number _____ 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)

Family Information Continued

Father's Cell _____ Mother's Cell _____

Daytime Phone Number _____

Email Address of Parent _____



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) _____

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)

We, the undersigned, understand the requirements and regulations of the school and pledge our full cooperation. Also by signing, we acknowledge that we have read and understand the WOLCA Handbook.

Parent Signature _____ Date _____

Parent Signature _____ Date _____