

STUDENT INFORMATION

Student's Name: _____

Date: _____

EDUCATIONAL INFORMATION

1. Please describe the type of previous instruction that your son/daughter has received (home school, public school, etc.). Also include the length of instruction for each type (in years).

2. Does he/she excel in any area, or have particular difficulty in any area? _____

3. Were any grades repeated? If so, please explain. _____

4. Alliance Christian Academy is not equipped to give special help to students with learning disabilities. Does your child have any special learning disabilities? **If "yes," are you able to provide any extra assistance needed for your child to succeed in a classroom environment?**

5. What are your educational goals for your child?

6. Alliance Christian Academy **is vitally dependent on the involvement of parents** in making sure their child comes to class prepared, understands the material, and manages his or her time well. **Are you able to maintain this level of support?**

BEHAVIORAL INFORMATION

1. Please describe any behavioral or disciplinary difficulties that your child has had during his or her previous schooling history, including suspension or expulsion.

2. Is there any reason your child might not be able to effectively come to class, complete all assigned work or maintain the same pace as other students? If so, please list any special accommodations that you are requesting for your child.

3. Has your child ever been in trouble with the law or any other authorities? If so, please explain in detail.

MEDICAL/EMERGENCY INFORMATION

Does your child...	Have any special medical conditions or needs?	Yes	No
	Need regular medication?	Yes	No
	Have allergic reactions?	Yes	No

If yes to any of the above, please explain: _____

Can your child have over-the-counter medication, if needed? Yes No

Child's physician: _____ **Phone #:** _____

Insurance co. _____ **Insured** _____

Policy number _____ **Group number** _____

Emergency contact (if parents can't be reached):

_____ **Phone #:** _____ **Relationship:** _____

Does this person have permission to pick up the student(s)? Yes No

I give permission for my child(ren) to be treated in case of a medical emergency during the school year.

Signature (Parent or Guardian)

Alliance Christian Academy has my permission to use my or my child(ren)'s photograph on its affiliated website, Facebook public page, and Facebook closed group.

Signature of Parent

Print Name

Date Signed