



2024-2025

(Please print)

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

Date of Birth _____ SSN: _____ Grade Entering: _____
(Month/Day/Year) (Testing required before placement)

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) _____

Medical Information (please list any know medical conditions that may affect your child during school)

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. Also by signing, we acknowledge that we have read and understand the WOLCA Handbook.

Parent/Guardian Signature _____ Date _____

Parent Signature _____ Date _____