

**Abundant Grace ACADEMY**  
**ENROLLMENT APPLICATION**

Date of application\_\_\_\_\_

**School Year 2019-2020**

Name of Student\_\_\_\_\_

(First)

(Middle)

(Last)

Date of Birth\_\_\_\_\_ Sex:      Male      Female

Address\_\_\_\_\_

**Parent/Guardian Information**

With whom does the child reside?    Mother    /    Father    /    Both Parents    /    Guardian  
Marital Status:      Single      Married      Divorced      Separated      Widowed

Name\_\_\_\_\_ Name\_\_\_\_\_

(Mother/Guardian)

(Father/Guardian)

Address\_\_\_\_\_ Address\_\_\_\_\_

City/State\_\_\_\_\_ City/State\_\_\_\_\_

Home Phone\_\_\_\_\_ Home Phone\_\_\_\_\_

Cell Phone\_\_\_\_\_ Cell Phone\_\_\_\_\_

E-mail\_\_\_\_\_ E-mail\_\_\_\_\_

Employer\_\_\_\_\_ Employer\_\_\_\_\_

Work Phone\_\_\_\_\_ Work Phone\_\_\_\_\_

Address\_\_\_\_\_ Address\_\_\_\_\_

**Allergies and Daily Medicines:**\_\_\_\_\_

**Other Medical or Disabilities:** \_\_\_\_\_

**Emergency Contact Information**

Name\_\_\_\_\_ Relationship\_\_\_\_\_

Home Phone\_\_\_\_\_ Cell Phone\_\_\_\_\_

Address\_\_\_\_\_

Name\_\_\_\_\_ Relationship\_\_\_\_\_

Home Phone\_\_\_\_\_ Cell Phone\_\_\_\_\_

Address\_\_\_\_\_

**TURN OVER →**

**My child may be released to the following person(s):**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**Child's Physician or Clinic Name:** \_\_\_\_\_

Address \_\_\_\_\_

Phone Number: \_\_\_\_\_

The following special accommodation(s) may be required to most effectively meet my child's needs while at OCA: \_\_\_\_\_

\_\_\_\_\_

My child is currently on medication(s) prescribed for long-term continuous use and /or has the following pre-existing illness, allergies, disabilities, or health concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Church Information**

Name of Church \_\_\_\_\_

Pastor's Name \_\_\_\_\_ Pastor's Phone \_\_\_\_\_

**Medical Emergency**

*In the event of emergency involving my child, and if Abundant Grace Academy cannot get in touch with me: I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_