



ABA Christian School
Winter Haven
863-438-7780
abacs.abaf@gmail.com
www.abaf.org

"Forming Lives Today for a Blessed Tomorrow"

<p>OFFICE USE ONLY:</p> <p>DATE RECEIVED: ____/____/____</p> <p>Reg Fee: _____ Cash ____ Debit ____ Check _____</p> <p> <input type="checkbox"/> Physical Forms <input type="checkbox"/> Vaccines <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Medication Authorization <input type="checkbox"/> Scholarship letter _____ <input type="checkbox"/> Payment Plan <input type="checkbox"/> Paid in Full </p>	<p>Grade Entering: __ Student Id: _____</p> <p>New ____ Returning ____ Sibling ____ Other _____</p> <p> <input type="checkbox"/> Transcript/Grades <input type="checkbox"/> FSA Testing <input type="checkbox"/> IEP/504 <input type="checkbox"/> Withdrawal Form <input type="checkbox"/> Special Needs/ Medical Diagnosis <input type="checkbox"/> Extended Care ____ am (or) ____ pm <input type="checkbox"/> Interviewed by: _____ </p>
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STUDENT INFORMATION

DATE:

LAST NAME:	FIRST NAME:	MIDDLE NAME	PREFERRED NAMED
STUDENT SSN#	CHILD'S BIRTHDATE:	BIRTHPLACE:	GENDER:
RESIDENCIAL ADDRESS:			
CITY	ZIP CODE	HOME PHONE:	
APPLYING TO GRADE:	COUNTRY OF CITIZENSHIP:	STUDENT'S NATIVE LANGUAGE:	
STUDENT LIVES WITH:		SIBBLINGS: NAMES/ AGE & GRADES	
IS A LANGUAGE OTHER THAN ENGLISH USED IN THE HOME?		HAS STUDENT BEEN IDENTIFIED AS EXCEPTIONAL EDUCATION? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> IEP <input type="checkbox"/> AIP	
HAS STUDENT EVER REPEATED A GRADE? <input type="checkbox"/> YES <input type="checkbox"/> NO WICH ONE?		HAS STUDENT BEEN SUPENDED OR EXPELLED FROM ANY SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO	

PARENTS/LEGAL GUARDIANS

LAST NAME:	FIRST NAME:	MIDDLE NAME	HOME PHONE:
PARENT SSN#	DRIVER LICENSE #	RELATIONSHIP:	CELL PHONE:
RESIDENCIAL ADDRESS:			
CITY	ZIP CODE	EMAIL:	

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PLACE OF EMPLOYMENT:		ADDRESS:	
CITY	ZIPCODE	OCCUPATION/ TITLE:	WORK PHONE:

PARENTS/LEGAL GUARDIANS

LAST NAME:	FIRST NAME:	MIDDLE NAME	HOME PHONE:
PARENT SSN#		DRIVER LICENSE #	RELATIONSHIP:
CELL PHONE:			
RESIDENCIAL ADDRESS:			
CITY	ZIP CODE		
MAILING ADDRESS:			
CITY	ZIP CODE	E-MAIL ADDRESS	
PLACE OF EMPLOYMENT:	ADDRESS:		
CITY	ZIPCODE	OCCUPATION/ TITLE:	WORK PHONE:

Parents, please make sure that all phone numbers, e-mail, and all contact information are kept current

ACADEMIC INFORMATION: LIST LAST THREE SCHOOLS ATTENDED:

CURRENT SCHOOL NAME:	ADDRESS:	GRADE:
PREVIOUS SCHOOL:	ADDRESS:	GRADE:
PREVIOUS SCHOOL:	ADDRESS:	GRADE:

ADDITIONAL INFORMATION:

MEDICAL HISTORY
ALLERGIES
MEDICINE CURRENTLY TAKING

EMERGENCY CONTACT and PICK UP:

FAMILY PERSONAL CODE:

NAME	PHONE	RELATION SHIP

ABA HEALTH SERVICES:

In the event of a serious accident or illness and I cannot be reached, I hereby authorized ABA to contact those professional to provide protected health information.

In case of emergency, I understand that ABA will access 911 emergency medical system immediately. To expedite care, I give my permission to ABA personnel to provide medical information to the responding emergency team to initiate treatment, and transport to an appropriate facility. I give my permission for the appropriate medical personnel and staff to initiate treatment immediately upon arrival to the appropriate facility. I request to be notified of my child's condition and admission as soon as possible. If I cannot be reached, I request that the admitting facility notify one of the other persons listed above of my child's condition and admission. I agree to be financially responsible for my child's total treatment, and transport. Please initial by the service you are accepting.

I have received the above information and have made corrections as needed. Please initial.

Permission to: _____ Call Doctor _____ Call Ambulance _____ Treat

I certified that the information in this application is complete and accurate. I read the **ABA Health Services disclosure and understand it**. I understand that false statements within this application may result in delayed entry or withdrawal of admission.

****ENCLOSED IS MY NON-REFUNDABLE APPLICATION FEE: \$ _____ . ****

Parent Signature

Date:

ABA maintains an open admission policy and does not discriminate based on race, gender, religion, national origin, or disability in its application process.