



ENROLLMENT APPLICATION

Student's Name: (Last, First Middle)			Grade Entering:	
Address, City, State, Zip:				
Home #:	DOB:	Age:		
Student Lives With: (check all that apply) <input type="checkbox"/> Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-mother <input type="checkbox"/> Step-father <input type="checkbox"/> Joint Custody <input type="checkbox"/> Guardian <input type="checkbox"/> Other:				
Parents' Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Other:				
Other Children in Family and Ages:				

FAMILY INFORMATION FOR PRIMARY RESIDENCE

Primary Parent:		Spouse :	
Relationship:		Relationship:	
E-mail Address:		E-mail Address:	
Employer:		Employer:	
Occupation:		Occupation:	
Home #:	Cell #:	Home #:	Cell #:
Work #:		Work #:	

FAMILY INFORMATION FOR SECONDARY RESIDENCE

Second Parent:		Spouse:	
Relationship:		Relationship:	
Second Parent: (Address, City, State, Zip)			
Email address:		E-mail Address:	
Employer:		Employer:	
Occupation:		Occupation:	
Home #:	Cell #:	Home #:	Cell #:
Work #:		Work #:	

Birth Certificate Submitted: (if new student) <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a member of Alpine Lutheran Church? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Enrollment is not complete until all forms, birth certificate, registration fee and deposit have been received in the Business Office.

Parent or Guardian Signature X _____



The Illinois Board of Education request the following information: Race/Ethnic Designation					
<input type="checkbox"/> White, not of Hispanic Origin: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.	<input type="checkbox"/> Black, not of Hispanic Origin: A person having origins in any of the black racial groups of Africa.	<input type="checkbox"/> American Indian or Alaskan Native: A person having origins in any of the original peoples of North America and who maintains cultural i.d. through tribal affiliation or community recognition.	<input type="checkbox"/> Asian or Pacific Islander: A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.	<input type="checkbox"/> Hispanic: a person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture regardless of race.	<input type="checkbox"/> Multiracial/Ethnic: A person who represent more than one race or ethnic group.
U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		Country of Birth: <input type="checkbox"/> USA <input type="checkbox"/> Other:			

Student's Name _____ DOB _____ Grade Entering _____

In consideration of Alpine Academy of Rockford, we agree to abide by the following policies.

- Applications made during the school year for admission for the following year are subject to any and all possible modifications that might be made by school leadership.
- *Prior to or upon* entrance to preschool, kindergarten and 6th grade the Illinois State law requires all students in public, private, or parochial schools, to have a physical, diabetes screening and age appropriate immunizations and lead screening. Proof of a dental examination is required in Kindergarten, second, and sixth grades. Kindergarteners are required to submit proof of a vision exam completed by an ophthalmologist or optometrist.
- I understand it is my responsibility to read and familiarize myself with the Alpine Academy of Rockford handbook, understanding all policies and expectations to ensure a successful educational experience for my child(ren). These policies and handbook are available in the office.
- I understand it is my responsibility to read and familiarize myself with the Alpine Academy of Rockford Parking Map. This policy is in the handbook and available in the office.
- I give permission for my child to take part in all school activities, including sports and school sponsored trips away from Alpine Academy of Rockford's premises, and absolve and waive any claim against the school from liability to me or my child because of any injury to my child at school or during any school activity.
- I understand Alpine Academy of Rockford requires a student dress code/uniform as stated in the handbook and hereby agree to uphold and adhere to it as stated.
- Alpine Academy of Rockford has permission to use my child(ren)'s name and image for publicity in publications, printed material, television, website etc. If consent is denied please notify the secretary.
- I understand the standards for all students of Alpine Academy of Rockford do not allow use of illegal drugs, profanity, alcohol, cigarettes, obscene behavior, or disrespect to God or His Word. I also understand that disrespect to faculty and staff is not allowed. Obviously, these guidelines apply both in and out of school as a student's outside conduct impacts his/her attitudes and influence while at school. As a parent, I agree to work with the school and encourage consistent behavior both at school and when away from school.
- Student and parent/guardian specifically assumes all risks associated while participating in Alpine Academy of Rockford sports and or activities and waives any claims against the owner or the property on which the sport or activity is held.
- The school shall withhold transcripts grades, and other enrollment documents until tuition, fees and assessments are paid in full. A student shall not be permitted to enroll for subsequent school years until all prior tuition, fees and assessments are paid in full.
- I hereby affirm that I understand the conditions and obligations of this application and that all of the information contained in this application packet is true and accurate to the best of my knowledge.
- I hereby authorize (previous school) _____, release school records, special education records, if applicable, health information and test scores pertaining to (student) _____ DOB _____ to Alpine Academy of Rockford, 5001 Forest View Ave., Rockford, IL, 61108, (815)227-8894, FAX (815) 227-8899.

Parent or Guardian Signature **X** _____ Date _____

Alpine Academy of Rockford admits students of any race, color, and national or ethnic origin.