



Dear Applicant,

Thank you for your interest in Life Academy (LA). We believe education, like every area of life, should be Christ-centered, "in whom are hidden all the treasures of wisdom and knowledge" (*Colossians 2:3*). We strive to serve our children and young people academically, socially and spiritually; "training them in the way they should go" (*Proverbs 22:6*). The Lord has truly blessed Life Academy with fine facilities and quality academic programs that will enrich your child's educational experience.

Families enrolling their students come from several different Christian congregations and parishes, creating an open, positive and stimulating environment, which greatly values a free exchange of ideas and ultimately encourages students to know Christ.

Teachers and staff members also come from various Christian churches providing inspiring, nurturing, and creative teaching and instruction.

The blend of students, teachers and supportive parents make for an environment of cooperative learning where we are confident children truly benefit from their experience and are prepared to take on the callings, opportunities, and ministries God has in store for them.

This packet includes an application, recommendation forms and additional school information. Please complete the forms and return them to the school office along with the appropriate registration fees. If you need assistance or have additional questions, call our office at 920-374-3737.

Faithfully,
Tammy Kleinhans
Life Academy

2810 Wollmer Street–Manitowoc, WI 54220
920-374-3737

Providing spiritual, social, and academic training to see Christ fully formed in our students

Application for Admission

Spiritual Background Information

Church/Parish: _____ Denominational Affiliation: _____

Address: _____

Phone #: _____ Pastor's Name: _____

Are parents current members? Yes No Years attended: _____

Parents' church attendance: weekly regularly occasionally none

Student's church and / or Sunday School attendance: weekly regularly occasionally none

Student's youth group attendance: weekly regularly occasionally none

List involvement in other church-related activities: _____

Check if applicant has received any of the following:

- Water Baptism Baptism with the Holy Spirit First Communion Confirmation

Academic Information

Application for (circle one.): **Pre-K K 1 2 3 4 5 6 Other**

What school is the applicant currently attending? _____

Present School's Address: _____

Phone #: _____ Email Address: _____

Principal/Counselor's Name: _____

Has student ever been suspended: Yes No Expelled: Yes No Asked to withdraw: Yes No ?
(If so, please give particulars on a separate sheet of paper.)

Has student ever repeated any grades? Please explain.

List subjects that student is functioning below grade level in:

List subjects that student is functioning above grade level in:

Has student ever attended summer school? Yes No When? _____ Where? _____

Application for Admission

Has student ever had any physical, emotional, or learning problems?

Has student ever been tested for, diagnosed with, or enrolled in any special education programs or special schools (i.e. resource room, reading difficulty, L.D. placement, attention deficit, dyslexia, speech therapy, O.T., etc.)?

From the above question, if student has been dismissed or parents declined a program, please explain.

Has the applicant ever had a psycho-educational evaluation? Yes No

Does the applicant currently have an IEP? Yes No

If you answer, "yes" to the above, when was the applicant tested? (*Evaluations (IEP) must be forwarded from the school.*)

Is student receiving any classroom accommodations?

Has student ever been involved or received tutorial instruction?

Application for Admission

General Information

School Directory

LA compiles a school directory, which lists name, grade, address, and telephone numbers of each student and their participating families.

Yes No

I give my permission for my name, address, and phone number to be included in the school directory.

Please let us know how you heard about Life Academy. _____

Please fill out & complete all attached forms and return to school administration.

I hereby affirm that all information supplied is complete and accurate. I understand that withholding information requested or giving false information may make my child ineligible for admission or continued enrollment. initial _____

Parent / Guardian Signature

Date

Life Academy admits students of any color, national, and ethnic origin to all the rights, privileges, programs and activities made available to students of the school. It does not discriminate on the basis of color, national, or ethnic origin in the administration of its educational policies, admission policies, scholarships, athletics or any other school-administered programs. LA does not discriminate on the basis of color, national, and ethnic origin in the hiring of its certified or non-certified personnel.

Office Use Only	<i>Office Use Only</i> Start Date _____
Application forms received: _____	
Registration fee paid: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Test date: _____	Completed: _____
Interview date: _____	Completed: _____
Accepted <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____	
Letter of acceptance or declination sent: _____	
	Applicant Photo

Tuition & Fees 2014-2015

Application (per student, for new enrollments)	\$25	
Registration (per student, \$90 cap per family)	\$30	
Diagnostic Testing (first year of enrollment)	\$30	
1 Year Tuition (3 - ½ days per week preschool*) ...	\$1,000	3 – full days per week \$1,400
1 Year Tuition (5 – ½ day per week preschool*).....	\$1,500	5 – full days per week \$1,750
1 Year Tuition Kindergarten (full days)	\$1,750	
1 Year Tuition (1st-6th)	\$1,650	

Discount for tuition payment in full by August 1st, 2014, \$100 per family

Discount for multiple students from same household**, \$100 (full tuition for first student, \$100 discount for additional students)

Example:

A family with four students enrolled in Life Academy, 1st-6th grades:

	<u>Tuition cost</u>
First student	\$1,650
Second student	\$1,550
Third student	\$1,550
Fourth student	\$1,550

Discount for full-time Minister/Missionary***, \$100 per family

Fees and tuition payments are non-refundable.

*Our preschool students have the option of 3 (M, W, F) or 5 days. This must be decided at time of enrollment.

**Multiple student discounts will be deducted from the final payments of the school year.

***Discount for children of any full-time pastor, minister, or missionary: letter from church employer verifying position and copy of your ordination / license required.



2014-2015

First Name	Grade Entering	Tuition
1.		
2.		
3.		
4.		
5.		
6.		

Please Choose One:

- Plan A** - Payment in Full (by **August 1, 2014**, \$100 discount per family)
- Plan B** - Ten-Month Plan. Down payment of \$500 is due at the time of registration. The remaining 9 payments will be divided equally and are due by the 5th of each month: September 2014 through May 2015.

Please make all checks payable to *Life Academy*, online banking payments (PayPal) accepted. There will be a \$35 charge for returned checks.

Late Tuition (after the 5th of the month) **fee \$30.00 per student.**

For late enrollments, tuition will be pro-rated on a percentage basis.

Tuition accounts must be kept current / paid in full to release any student records, transcripts, report cards, and diplomas and to allow students to participate in any extra-curricular activities.

Fees and tuition payments are non-refundable.

Please circle person responsible for the bill: **Father** **Mother** **Other:** _____

Tuition Total of all enrolled students

\$ _____ (before discounts)

(Plan A option) \$100 discount per family (if paid in full by August 1, 2014)

\$100 Full-time Minister/Missionary Discount

\$100 Multiple Student Discount (per additional student, after the first student pays full tuition)

(Plan B) - \$500 per student down payment. Balance divided by 9 = \$ _____ monthly tuition payment

TUITION TOTAL (with possible discounts applied)

\$ _____

Non-refundable Fees: \$ _____

Application \$25 / student

Check #: _____

Date Received: _____

Registration \$30/student (\$90 cap per family)

Diagnostic Testing \$30 (first yr. of enrollment)

All applicable fees are due at time of registration.

Parental Involvement

We ask that parents be involved in the operation of the school to help keep tuition costs as reasonable as possible. Please list any skills, trade, or experience you think may be useful to Life Academy. We may refer to this list to ask for your help as needs arise.

I have read and agree to meet my obligation to Life Academy under the terms I have indicated above. Any cost incurred be it legal, medical, or other will be passed on to your account. I also understand that failure to meet these obligations may forfeit the opportunity for my child(ren) to remain enrolled at Life Academy.

Parent / Guardian's Signature

Date

Policy Agreement & Authorization

Grade: _____ Student Name: _____

I agree to abide by the spiritual, academic, disciplinary, dress, and all other standards of the school as outlined in the *Student Handbook*.

Yes No

1. I understand the standards of Life Academy do not tolerate profanity or obscenity in word or action; dishonor to the Word of God; or disrespect for the teachers, administration, or staff of LA.
2. I agree to support the leadership in the administration of the academic and discipline program of the school. When concerns arise about the classroom, I understand that I should talk with the teacher first and then discuss the matter with the administration if necessary.
3. I give my permission for my child to take part in all school activities, including sports and school-sponsored trips away from LA. I realize the possibility of injury in sports and other activities and will not hold the school responsible for such incidents.
4. I give my permission to those in charge to administer reasonable first aid. If it is not possible to reach the family physician or to receive my instruction for emergency care, consent is given to any licensed doctor to treat and/or give medication as is necessary for relief of pain and to preserve life and health.
5. I agree to submit an up-to-date immunization and physical record as required by state law and to keep these records current.
6. I understand it may be necessary for the school to employ just and fair means of discipline in regards to conduct, academics, and extra-curricular involvement as outlined in the *Student Handbook*.
7. I agree to the payment policies listed in the school's fee schedule. I agree to be responsible for all debts that I incur at LA and to remit payments as due.
8. I give permission for photographs and electronic images of my child to be used in school literature and publications.
9. I give my permission for the classroom teacher to share my name, address, e-mail or phone information with your child's classroom teachers aides and special event coordinators. This information will strictly be used for classroom and school-related activities as needed by the teacher.
10. I agree to support the school's entire program and leadership through prayer, time, and support.
11. I have read the *Student Handbook*.

Life Academy reserves the right to refuse any application or dismiss any student, at any time, for unacceptable behavior (in school or off campus as outlined in the *Student Handbook*) or for actions or activities inconsistent with the philosophies of LA.

(A legal guardian or custodial parents must sign.)

Father

Mother

Guardian

Date

STUDENT QUESTIONNAIRE

2014-2015

Student's Name: _____

Grade Entering: _____

This questionnaire is to be completed in its entirety by the *student*. A student in an early elementary grade may be assisted by a parent.

1. Is it your desire to attend Life Academy (LA)? _____ Why? _____

2. Do you know any other students who will attend LA? _____ What are their names? _____

3. Briefly explain who Jesus Christ is and what He means to you. _____

4. Do you attend church with your family? _____ If not, please explain. _____

5. Are you active in your church and/ or youth group? _____ In what ways? _____

6. Describe your talents, abilities, and interests. _____

7. What discipline problems have you had in school? _____

8. Have you ever had any conflict with civil authorities? _____ If yes, please explain. _____

9. How would you describe your friends? _____

10. How would your friends describe you? _____

Student Signature _____

Date _____

PARENT QUESTIONNAIRE

2014-2015

Student's Name: _____

Grade entering: _____

Parents: Please fill out this form for *each child*.

1. Why do you desire to enroll your child in Life Academy? _____

2. What are your long-term goals for your child's education? _____

3. What role do *you* play in your child's education? _____

4. Briefly describe what role Christianity plays in your family. _____

5. Has your child ever been placed on probation, expelled, or suspended from school? _____ If yes, please explain.

6. Has your child had any conflict with civil authorities? _____ If yes, please explain. _____

6. How would you describe your child? _____

7. List any additional family information you feel is important for us to know. _____

Parent / Guardian Signature _____ Date _____

Please read this agreement carefully before signing.

Internet access is available to students and teachers at Life Academy (LA). We believe the Internet offers valuable, diverse, and unique resources to both students and teachers. Our goal in providing this service is to promote educational excellence in schools by facilitating resource sharing, innovation, and communication.

The Internet is an electronic highway connecting thousands of computers all over the world and millions of individual subscribers. Students and teachers have access to many university library catalogs, the Library of Congress, government documents, and thousands of databases.

With access to computers and people all over the world also comes the availability of material that may not be considered to be of educational value in the context of the school setting. Life Academy has taken precautions to restrict access to controversial materials. However, on a global network, it is impossible to control all materials, and an industrious user may discover controversial information. We firmly believe that the valuable information and interaction available on this worldwide network far outweighs the possibility that the users may procure material that is not consistent with the educational goals of LA. We, at LA, have implemented filtering software to filter out most things that are not suitable for our environment.

Internet access is coordinated through a complex association of government agencies and regional and state networks. In addition, the smooth operation of the network relies upon the proper conduct of the end users that must adhere to strict guidelines. These guidelines are provided here so that you are aware of the responsibilities you are about to acquire. In general, this requires efficient, ethical, and legal utilization of the network resources. If a user violates any of these provisions, his/her account will be terminated and future access could be denied. The signatures at the end of this document are legally binding and indicate the parties who signed have read the terms and conditions carefully and understand their significance.

Acceptable Use - the purpose of using the Internet in our school is to support research and education by providing access to unique resources and the opportunity for collaborative work. The use of your account must be in support of education and research and consistent with the educational objectives of LA. Students are not allowed to download, use personal e-mail, instant messaging, chat rooms or video games on school computers at anytime. Transmission of any material in violation of school policy or any USA or state regulation is prohibited. This includes, but is not limited to: copyrighted materials, threatening or obscene material, or material protected by trade secrets.

Privilege - the use of the Internet is a privilege not a right, and inappropriate use will result in a cancellation of those privileges. The school administration will deem what is inappropriate use and their decision is final. Also, administration may close an account at any time as required. The administration, faculty, and staff may deny, revoke, or suspend specific user accounts.

Security - security on any computer system is a high priority, especially when the system involves many users. If you feel you can identify a security problem on the Internet, you must notify administration or your teacher. Do not demonstrate the problem to other users. Any user identified as a security risk, or having a history of problems with other computer systems, may be denied access to the Internet.

Vandalism - vandalism will result in cancellation of privileges. Vandalism is defined as any malicious attempt to harm or destroy data of another user, Internet, or any of the above listed agencies or other networks that are connected to the Internet. This includes, but is not limited to, the uploading or creation of computer viruses, attempts at gaining unauthorized access, or changing online materials without permission.

Because of new technology Smart phones are NOT considered computer devices and will follow under the cellular phone policy as noted in the Student Handbook. Internet websites during class time are used for projects, research, and guided lessons. There is never a time when students are allowed to simply surf the web randomly.

Student Signature _____

Parent / Guardian Signature _____

Date _____

Internet Use Agreement

LIFE ACADEMY

Student

I understand and will abide by the Internet Use Agreement. I further understand that any violation of the regulations above is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked; school disciplinary action may be taken and / or appropriate legal action, if necessary.

User's Name (please print) _____ Grade _____

Signature _____ Date _____

Parent or Guardian

As the parent or guardian of _____ ,
I have read the Internet Use Agreement. I understand that this access is designed for educational purposes. However, I also recognize it is impossible for LA to restrict access to all controversial materials, and I would not hold them responsible for material acquired on the network. Further, I accept full responsibility for supervision if and when my child's use is not in a school setting.

Parent / Guardian's Name (please print) _____

Signature _____ Date _____

This agreement will remain in your student's file. If agreement is revised, LA will inform parents and new forms will be issued and signed.

STUDENT IMMUNIZATION RECORD

INSTRUCTIONS TO PARENT: COMPLETE AND RETURN TO SCHOOL WITHIN **30 DAYS AFTER ADMISSION**. State law requires all public and private school students to present written evidence of immunization against certain diseases **within 30 school days of admission**. The current age/grade specific requirements are available from schools and local health departments. These requirements can be waived only if a properly signed health, religious, or personal conviction waiver is filed with the school. The purpose of this form is to measure compliance with the law and will be used for that reason only. If you have questions on immunizations or how to complete this form, contact your child's school or local health department.

Step 1 PERSONAL DATA

PLEASE PRINT

Student's Name	Birthdate (Mo/Day/Yr)	Gender	School	Grade	School Year
Name of Parent/Guardian/Legal Custodian	Address (Street, City, State, Zip)			Telephone Number ()	

Step 2 IMMUNIZATION HISTORY

List the MONTH, DAY AND YEAR your child received each of the following immunizations. DO NOT USE A (✓) OR (X) except to answer the question about chickenpox, Tdap or Td. If you do not have an immunization record for this student at home, contact your doctor or public health department to obtain it.

TYPE OF VACCINE*	FIRST DOSE Mo/Day/Yr	SECOND DOSE Mo/Day/Yr	THIRD DOSE Mo/Day/Yr	FOURTH DOSE Mo/Day/Yr	FIFTH DOSE Mo/Day/Yr
DTaP/DTP/DT/Td (Diphtheria, Tetanus, Pertussis)					
Adolescent booster (Check appropriate box) <input type="checkbox"/> Tdap <input type="checkbox"/> Td					
Polio					
Hepatitis B					
MMR (Measles, Mumps, Rubella)					
Varicella (Chickenpox) Vaccine Vaccine is required only if your child has not had chickenpox disease. See below:					
Has your child had Varicella (chickenpox) disease? Check the appropriate. Provide the year if known: <input type="checkbox"/> NO or Unsure (Vaccine required)					

Step 3 REQUIREMENTS

Refer to the age/grade level requirements for the current school year to determine if this student meets the requirements.

COMPLIANCE DATA

Step 4 STUDENT MEETS ALL REQUIREMENTS

Sign at Step 5 and return this form to school.

----- Or -----

STUDENT DOES NOT MEET ALL REQUIREMENTS

Check the appropriate box below, sign at Step 5, and return this form to school. PLEASE NOTE THAT INCOMPLETELY IMMUNIZED STUDENTS MAY BE EXCLUDED FROM SCHOOL IF AN OUTBREAK OF ONE OF THESE DISEASES OCCURS.

- Although my child has NOT received ALL required doses of vaccine, the FIRST DOSE(S) has/have been received. I understand that the SECOND DOSE(S) must be received by the 90th school day after admission to school this year, and that the THIRD DOSE(S) and FOURTH DOSE(S) if required must be received by the 30th school day next year. I also understand that it is my responsibility to notify the school in writing each time my child receives a dose of required vaccine.

NOTE: Failure to stay on schedule and notify the school may result in court action and a fine of up to \$25.00 per day of violation.

WAIVERS (List in Step 2 above, the date(s) of any immunizations your child has already received)

- For health reasons this student should not receive the following immunizations _____

SIGNATURE – Physician _____ Date signed _____

- For religious reasons, this student should not be immunized.

- For personal conviction reasons, this student should not be

LIST VACCINE(S) WAIVED

Step 5 SIGNATURE

This form is complete and accurate to the best of my knowledge. Check one: (I do I do not) give permission to share my child's current immunization records and as they are updated in the future with the Wisconsin Immunization Registry (WIR). I understand that I may revoke this consent at any time by sending written notification to the school district. Following the date of revocation, the school district will provide no new records or updates to the WIR.

SIGNATURE – Parent / Guardian / Legal Custodian or Adult Student _____

_____ Date Signed _____

**STUDENT IMMUNIZATION LAW
 AGE/GRADE REQUIREMENTS
 2013-2014 SCHOOL YEAR**

The following are the minimum required immunizations for each age/grade level. It is not a recommended immunization schedule for infants and preschoolers. For that schedule, contact your doctor or local health department.

Age/Grade	Number of Doses				
Pre K (2 yrs through 4 yrs)	4 DTP/DTaP/DT ²	3 Polio ⁴	3HepB	1MMR ⁵	1 Var ⁶
Grades K through 5	4 DTP/DTaP/DT/Td ^{1,2}	4 Polio ⁴	3HepB	2MMR ⁵	2Var ⁶
Grades 6 through 12	4 DTP/DTaP/DT/Td ²	1 Tdap ³	4 Polio ⁴	3HepB	2 MMR ⁵ 2 Var ⁶

1. DTP/DTaP/DT vaccine for children entering Kindergarten: Your child must have received one dose after the 4th birthday (either the 3rd, 4th, or 5th dose) to be compliant. (Note: a dose 4 days or less before the 4th birthday is also acceptable).
2. DTP/DTaP/DT/Td vaccine for students entering Pre K and grades 1 through 12: Four doses are required. However, if your child received the 3rd dose after the 4th birthday, further doses are not required. (Note: a dose 4 days or less before the 4th birthday is also acceptable).
3. Tdap means adolescent tetanus, diphtheria and acellular pertussis vaccine. If your child received a dose of a tetanus-containing vaccine, such as Td, within 5 years of entering the grade in which Tdap is required, your child is compliant and a dose of Tdap vaccine is not required.
4. Polio vaccine for students entering grades Kindergarten through 12: Four doses are required. However, if your child received the 3rd dose after the 4th birthday, further doses are not required. (Note: a dose 4 days or less before the 4th birthday is also acceptable).
5. The first dose of MMR vaccine must have been received on or after the first birthday (Note: a dose 4 days or less before the 1st birthday is also acceptable).
6. Var means Varicella (chickenpox) vaccine. A history of chickenpox disease is also acceptable.

Health Information

Does the applicant have any physical conditions/limitations that the school should be aware of (hearing, vision, diabetes, allergies, wheel chair bound, etc.)? Is there medication involved? Please explain.

Is student currently under psychiatric care or counseling? _____ If yes, please describe: _____

Please fill out and complete all *Student Health* forms included in packet.

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="background-color: black; color: white; padding: 2px 5px; font-weight: bold;">LIFE ACADEMY</div> <div style="text-align: center;"> 2013-2014 EMERGENCY FORM </div> </div>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Last Name _____</td> <td style="width: 50%; border-bottom: 1px solid black;">First Name Middle Initial _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Birth date / / _____</td> <td style="border-bottom: 1px solid black;">Grade / _____</td> </tr> </table>	Last Name _____	First Name Middle Initial _____	Birth date / / _____	Grade / _____
Last Name _____	First Name Middle Initial _____				
Birth date / / _____	Grade / _____				

Student Address: _____ **Student lives with:** _____

City / State / Zip: _____ Phone: _____

Parent/Guardian Name: _____	Parent / Guardian Name: _____
Address: _____	Address: _____
City/State/Zip: _____	City / State / Zip: _____
Employer: _____	Employer: _____

PLEASE NUMBER THE BOXES IN THE ORDER YOU WISH THEM TO BE CALLED.

<input type="checkbox"/> Work Phone: _____ <input type="checkbox"/> Cell Phone: _____ <input type="checkbox"/> Home Phone: _____	<input type="checkbox"/> Work Phone: _____ <input type="checkbox"/> Cell Phone: _____ <input type="checkbox"/> Home Phone: _____
--	--

Please list additional emergency contacts:

Name:	Relationship to Student:	Phone:
1. _____	_____	_____
2. _____	_____	_____

CONFIDENTIAL HEALTH INFORMATION:

My child has no known health problems **MY CHILD'S HEALTH CONDITION IS POTENTIALLY LIFE THREATENING.**
 List any medications (prescription, herbal, or over the counter) taken on a regular basis: _____

Please "X" all that applies if your child has any medical problems noted below:

- Allergies: Foods, list foods: _____
 - Milk allergy or lactose intolerant (Please provide a doctor's note per State Guidelines.) Bees, Wasps, Other Insects
 - Latex/Rubber Medications Other, please describe: _____
 - Is an EPI-PEN needed for allergies noted above? Yes No
- Asthma or other breathing problems, list medication: _____
- Attention Deficit Disorder, describe and list medication: _____
- Balance or coordination problems, describe: _____
- Blood Disorders such as HIV or Sickle Cell, describe: _____
- Diabetes: Type 1 Type 2 List Medications: _____
- Emotional/Psychological problems, describe and list medication: _____
- Heart Condition, describe and list medication: _____
- Seizure Disorder, describe type and medication: _____
- Vision, Hearing or Speech problems, describe: _____
- Other, describe: _____

Please read the following page. Signature is required.

2014-2015 School Year

STUDENT NAME _____ **GRADE** _____**Emergency Form page 2**

School health office visits do not take the place of a primary physician's role. It is always recommended for students to follow up with their own physician. Over-the-counter medication is not provided by LA. If non-prescription and/or prescription medications are to be administered during the school day, please note the policy and appropriate forms to be complete.

PHYSICIAN NAME: _____

PHYSICIAN'S PHONE: _____

PHYSICIAN'S FAX: _____

If my child becomes ill at school and you cannot reach me by phone, I give permission to the administration or their designee to contact any emergency contacts listed above. You have our permission to contact our family doctor for consultation if needed. Please write child's physician and contact numbers on the above lines. If a serious illness or accident occurs at school, I understand that my child will be sent by rescue squad to the emergency room. (All expenses incurred are the responsibility of the Parent/Guardian.)

Preferred hospital in Manitowoc: _____

Parent/Guardian Signature: _____ Date: _____

LIFE ACADEMY

2711 Wollmer Street
Manitowoc, WI 54220
920-374-3737
www.lifeacademywi.org

Student Transcript Request

School transferring from: _____

School address: _____

School phone number: _____

School fax number: _____

In accordance with the Family Educational Rights and Privacy Act of 1974, I hereby authorize the release of all records regarding the student(s) listed below to:

Life Academy
c/o Student Records
2810 Wollmer Street
Manitowoc, WI 54220

Student _____	Birth Date _____	Grade Entering _____
Student _____	Birth Date _____	Grade Entering _____
Student _____	Birth Date _____	Grade Entering _____
Student _____	Birth Date _____	Grade Entering _____
Student _____	Birth Date _____	Grade Entering _____

These records should include the following:

- Grades and all other academic record (IEP)
- Attendance Records
- Psychological Tests
- Personality Achievement Tests
- Health/Immunization Records
- Individualized Education Plan

Parent/Guardian Signature: _____ Date: _____

Pastoral Recommendation

Recommendation Form

The items below ask you for your sense of this student's spiritual, emotional and social growth, intellectual development, and relationships within the church community. Our ability to effectively evaluate this child is helped considerably by your timely and candid insights. All information that you provide will be kept confidential to the extent that the law allows and will not be retained as a part of the students' permanent record. On behalf of Life Academy, we thank you for your cooperation.

Please complete this recommendation and return it to us at your earliest convenience.

Student Name _____ Grade entering _____

Your Name _____ Your Title _____

Church/Organization _____

Address _____

How long have you known this student? _____

Does this student attend your youth group or other programs? _____

Do you personally know the family? _____

How long has the family been part of your church? _____

To what extent is the family engaged in the activities of your church? (Please check one.)

____ Strong commitment to the church with strong and healthy relationships.

____ Regular attendance and few close relationships.

____ Little attendance and few relationships.

____ No attendance

(Continued on next page)

Please rate this student in the following areas:

Area	Poor	Fair	Average	Good	Excellent	Unsure
Moral Integrity:						
Christian Commitment:						
Responsibility:						
Attendance:						
Academic Ability:						
Personal Appearance:						
Leadership:						
Social Maturity:						

What are this student's greatest strengths?

Do you see any potential weaknesses that could affect this student attending Life Academy?

What comments would you like to make in reference to this student?

(Note: All comments made are confidential, and will not be shared with the student.)

Would you recommend that Life Academy accept this student?

- Yes
 No
 Yes, with reservations

Would you like a representative from the Life Academy admissions staff to contact you about this student?

- Yes
 No
 Phone number(s) _____ Convenient time _____

Signature: _____ Date: _____

Transportation to Private Schools - General Information

According to Wisconsin law, a pupil attending a private elementary or high school, including four- and five-year-old kindergarten in Wisconsin is entitled to transportation provided by the public school district in which the student resides, if certain criteria are met. The following information will discuss pupil eligibility for transportation services, private school attendance areas and allowable methods of providing transportation.

PUPIL ELIGIBILITY

Section 121.54(2)(b)1., Wis. Stats., specifies that in order to be eligible to receive transportation services from the school district in which the private school pupil resides, all of the following criteria must be met:

1. The pupil resides 2 miles or more from the private school he/she attends;
2. The pupil resides within the private school's approved attendance area; and
3. The private school is located within the boundaries of the pupil's resident school district or not more than 5 miles beyond the boundaries of the school district measured along the usually traveled route. In a union high school district, with underlying elementary districts, the 5 miles from the district's boundaries is measured from the union high school district boundaries, not from each of the elementary school district's boundaries.

- Generally, a school district is required to provide transportation to private school pupils who meet all of the above criteria. However, certain school districts that contain all or part of a city may elect not to transport eligible public and private school pupils. This exception to the transportation requirement is discussed under "City Option" below.
- The obligation to provide transportation to a pupil enrolled in a private school only applies to the school district in which the pupil resides. A school district is not required to provide transportation to a nonresident private school pupil, even if the private school the pupil attends is located within that school district.
- Each private school is required to identify pupils who may qualify for transportation. Section 121.54(2)(b)4., Wis. Stats., states: "No later than May 15 in each year, each private school shall notify each school board of the names, grade levels and locations of all pupils, if any, eligible to have transportation provided by such school board ... and planning to attend such private school during the forthcoming school term. The school board may extend the notification deadline." This process is intended to allow adequate time for the public school district to address budgetary considerations and ensure availability of transportation services for all eligible pupils.

PRIVATE SCHOOL ATTENDANCE AREA

Under s. 121.51(1), Wis. Stats., the private school attendance area is defined as "the geographic area designated by the governing body of a private school as the area from which its pupils attend and approved by the school board of the district in which the private school is located."

- Private school administrators work with their respective governing bodies to establish their attendance areas. The structures of governing bodies of private schools may vary.
- Section 121.51(1), Wis. Stats., further states: "The attendance areas of private schools affiliated with the same religious denomination shall not overlap unless one school limits its enrollment to pupils of the same sex and the other school limits its enrollment to pupils of the opposite sex or admits pupils of both sexes." The Wisconsin Supreme Court has ruled that this "non-overlapping" rule applies to all private schools, whether they are secular or religious in nature. (State ex rel. Vanko v. Kahl, 52 Wis. 2d 206.)

In approving an attendance area for a private school, it is the public school board's responsibility to ensure that the private school's attendance area does not overlap with the attendance area of another private school operated by the same diocese, sponsoring group, agency, corporation, or governing administrative authority. To determine whether attendance areas overlap, it may be necessary for the school district to request a copy of the school's corporate charter, articles of incorporation, and/or by-laws which identify the schools' governing structure. Because attendance areas are approved by the school board of the district in which the private school is located, it is important for that school board to verify non-overlapping attendance boundaries in consultation with neighboring public school districts.

Pursuant to s. 121.54(2)(b)(3), Wis. Stats., "[a]nnually, by April 1, each private school shall submit its proposed attendance area for the ensuing school year to the school board of each school district having territory within the proposed attendance area. If a proposal is not submitted by April 1, the existing attendance area shall remain in effect for the ensuing school year." Although the district in which the private school is located is responsible for approving the proposed attendance area, *each school board which has territory in the private school's designated attendance area* is to receive the information from the private school's governing body or administrator of the private school. Therefore, each public school board receiving proposed attendance area designations should review the request to ensure there is no overlapping of private school attendance areas, as discussed above. Formal board action should be taken with regard to approval of a proposed attendance area.

Attendance areas commonly include a description and/or map of territory. The April 1 statutory timeline for submitting an attendance area is critical. If that deadline is not met, the existing attendance area remains in effect for the following school year.

It is recommended that the public school district(s) and the private schools involved with an overlapping attendance area make every effort to work out a solution. If a solution cannot be reached, s. 121.51 (1), Wis. Stats., provides: "If the private school and the school board cannot agree on the attendance area, the state superintendent shall, upon the request of the private school and the board, make a final determination of the attendance area."

CITY OPTION

Section 121.54(1), Wis. Stats., specifies that the provisions of state law requiring school districts to provide transportation to eligible public and private school pupils "do not apply to pupils who reside in a school district that contains all or part of a city unless the school they attend is located outside the city but within the boundaries of the school district." This exemption from the transportation requirement is not permitted for school districts that contain all or part of a 1st, 2nd or 3rd class city with a population exceeding 40,000 unless transportation is available through a common carrier. Some school districts have elected to invoke the city option only for pupils in certain grade levels. For example, a school district may provide transportation for pupils in grades K-8, but not for pupils in grades 9-12. A school district may not, however, use the city option to deny transportation to students attending private, but not public, schools.