

**Application for
ABM MINISTRIES, INC. BOARDING ACADEMY**

To the Pastor:

Please enroll my son as a student at ABM Ministries Boarding Academy beginning ____/____/____, I understand that acceptance of this application by ABM, together with the policies, regulations, and conditions of ABM shall constitute the contract between us. I am enclosing the application fee of \$250.

Application is hereby made for the admission of:

1. _____ Age _____
NAME IN FULL

2. Date of birth _____ US Citizen? Yes/No Place of birth _____
A copy of birth certificate must be provided.

3. Insurance ID? Yes / No

4. Height _____ Weight _____ Name which applicant prefers _____

5. Hair _____ Eyes _____ Race _____ SS# _____

6. Name of Father or guardian _____
NAME IN FULL

A. Residence address _____
and street city state zip

B. Father's occupation _____
position & name of firm

C. Telephone # Business (____) ____ - ____, Home (____) ____ - ____

D. Cell Phone (____) ____ - ____ E-Mail _____

7. Name of Mother or guardian _____
NAME IN FULL

A. Residence address _____
and street city state zip

B. Mother's occupation _____
position & name of firm

C. Telephone # Business (____) ____ - ____ Home (____) ____ - ____

D. Cell Phone (____)- ____ - ____ E-Mail _____

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ABM Ministries Assessment Summary

Date: _____

Student Name: _____

Date of Birth: _____ Age: _____ Current School Grade: _____

Home Phone: _____ Work Phone: _____

Church Affiliation: _____

Pastor's Name: _____ Telephone Number: _____

Medical History: _____

Please list any medications the student is currently taking.

Hobbies/Interests: _____

Parent/Legal Guardian Name/s and Address/es:

Print Name

Address

City, State

Zip Code

If student lives at a different address from above, list below.

Address

City/State

Zip Code

Relationship to Student: _____

Mother/Father/Guardian/Other

Who Has Legal Custody of the Student? _____

Does the Student Live With Both Birth Parents? _____

If Not Specify With Whom the Student Lives

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Please give a detailed history of the student's life from your perspective, including the actions that prompted you to enter him/her into this school?

Please give a detailed history of the family's religious practices, both at home and at church.

I hereby attest that the above information is accurate, and truthful. I understand that this information will be used to help ABM Ministries, Inc. make informed decisions concerning proper care for the student.

Parent/Guardian: _____ Date: _____

Parent/Guardian: _____ Date: _____

**Mail to
ABM Lighthouse Christian Academy
P.O. Box 100/RR3 Box 34725
Piedmont, Mo 63957**

**Send by Fax
573-223-2105
Application fee
by PayPal**