

STUDENT INFORMATION

Student's Name _____
(Last) (First) (Middle) (Preferred)

Birth Date _____ Male Female SS# _____

School Year / Semester seeking Admission _____ Grade Entering that Year / Semester _____

FAMILY INFORMATION

Father's Name (Dr./Mr) _____

Home Address _____

(City) (State) (Zip)

Home Number _____ Mobile _____

Occupation _____ Title _____

Business Name _____ Business Number _____

Business Address _____

(City) (State) (Zip)

Email _____

Mother's Name (Dr./Mrs/Ms) _____

Home Address _____

(City) (State) (Zip)

Home Number _____ Mobile _____

Occupation _____ Title _____

Business Name _____ Business Number _____

Business Address _____

(City) (State) (Zip)

Email _____

Guardian/Step-Parent Name (Dr./Mr/Mrs/Ms) _____

Home Address _____

(City) (State) (Zip)

Home Number _____ Mobile _____

Occupation _____ Title _____

Business Name _____ Business Number _____

Business Address _____

(City) (State) (Zip)

Email _____

Living with both parents Divorced Separated Parent Deceased

If not living with both parents, name of parent(s) of guardian / step-parent (Dr./Mrs/Ms./Mr.)with whom applicant is living:

Siblings:

Name	School	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

SCHOOL-RELATED INFORMATION

To better serve our students, ACA requires applicants to provide all pertinent information relating to learning needs. This includes, but is not limited to, psychological evaluations and diagnoses, and school documents. Please attach any relevant documents to this application.

Does this student have any documented physical or emotional handicap? Yes No

If yes, please specify _____

Does this student have any diagnosed or suspected learning difficulties, including ADD, ADHD, etc.? Yes No

If yes, please specify _____

Has this student ever been retained? Yes No If yes, what grade? _____

Please specify _____

Has this student ever been suspended or expelled from school, or has he / she experienced any serious disciplinary action? Yes No

If yes, give reason, administrator(s) involved, and date(s) _____

SCHOOL HISTORY

List in order (beginning with most recent) all schools attended:

Name	Address	Administrator	Dates	Grade(s)

Has this student previously attended ACA? Yes No If yes, when? _____

REFERENCES: Please list current teachers and administrators who could provide relevant and up-to-date information about this student.

Name	Address	Phone	Position

RELIGIOUS PREFERENCES

Religious Preference of Student/Congregation _____

Religious Preference of Family/Congregation _____

How involved in church activities is the student? _____

How did you learn about Alabama Christian Academy? Friend or Family - Name _____

Yellow Pages School Promotion Radio/Television Newspaper/Magazine Real Estate Agency Other

NARRATIVE (ATTACH A SEPARATE SHEET OF PAPER)

For younger elementary students (K4-G3), parents must explain in writing their reason for wanting their children to attend ACA. **For older students (G4 - G12), students must offer their own personal reason in writing.**

CONSENT FOR USE OF PHOTOGRAPHS

By signing in the box below, I consent to the use, publication, and copyright by ACA in the school's publications, brochures, and other promotional materials, of photographs in which my child may appear as a student in any programs or activities of ACA, and the foregoing consent shall extend beyond my child's enrollment.

I have read all the materials regarding application registration and payment policies and will abide by them. Furthermore, I have provided ACA with complete, up-to-date, accurate, and factual information to use in the admissions process. Any false or any omitted information could result in denial of admission or immediate withdrawal. I understand that pupils are admitted to ACA on year-by-year basis.

Parent's/Guardian's Signature _____ Date _____