



Application for Admission

Student Information

Date of Application: _____

Student's Full Name: _____

Address: _____ City/State/Zip: _____

E-mail Address: _____ E-mail Address: _____

Ethnicity: _____ Sex: _____ Telephone: _____

School Last Attended: _____ Age: _____ Birthdate: _____

Family Information

Father/Guardian: _____ Telephone: _____ (home) _____ (work)
_____ (cell) _____ (carrier)

Employer: _____ Position: _____ Supervisor: _____

Address: _____ City/State/Zip: _____

Mother/Guardian: _____ Telephone: _____ (home) _____ (work)
_____ (cell) _____ (carrier)

Employer: _____ Position: _____ Supervisor: _____

Address: _____ City/State/Zip: _____

Marital Status:

Child Lives With:

If other, please explain:

Please list name(s) and grade(s) of siblings:

- 1. _____ 2. _____
3. _____ 4. _____

In order to process your application, we must receive a complete packet for each child enrolling in ACS. Your application packet must include all of the following to be processed.

- Application for Admission (completely filled in)
Copy of Birth Certificate (Kindergarten Only)
Request for Student Records (must list name and address of last school attended)
Physical Examination Signed by Physician (New Students Only)
Copy of Current Shot Record (New Students Only)
Copies of Previous Year's Report Cards (Grades 1-8) (New Students Only)
Student Evaluation/Recommendation Forms (New Students Only): (Grades 1-8 completed by previous Principal and Teacher)
Signed Financial Agreement (completed during appointment with Business Office)
Payment of Enrollment Fees

Date: _____
Grade: _____
Status: [] Returning
[] New

Religious Information

Church Attending: _____
Yes / No Yes / No Yes / No
Christian: Father: Mother: Student:
Attends Church Regularly: Father: Mother: Student:
Attends Sunday School: Father: Mother: Student:

Does your family attend church regularly, occasionally, or never? _____
Yes / No

Is the student accustomed to daily prayer and Bible reading in the home?

In what other organizations, besides Sunday School, is the student engaged? _____

Emergency Medical Information

Please list person(s) to contact (in the order of preference) in the event of an emergency, and/or who is/are authorized to take child from school (attach a separate sheet, if necessary).

NOTE: PARENT/GUARDIAN SHOULD BE LISTED FIRST

Name **Telephone** **Relationship to Student**
1) _____
2) _____
3) _____
4) _____
5) _____
6) _____

Doctor _____ Telephone: _____

Dentist: _____ Telephone: _____

Hospital Preference: _____ Telephone: _____

Name of Insurance Company: _____ Policy No.: _____

Allergies (please list): _____

Regularly prescribed medications that student takes (please list): _____

Medical History/Condition that school needs to be aware of: _____

Consent for Treatment

MEDICAL RELEASE for my child _____: This is to certify that I, the undersigned, do hereby authorize the physician named above (or the attending physician if my doctor cannot be reached) to perform whatever medical services or operation (major or minor) and/or to administer whatever medicines or anesthetics deemed necessary for my child's health and well-being. I understand the school will make every attempt to contact me in the event of an emergency.

Father/Guardian Date Mother/Guardian Date

Scholastic Information

The following information is needed for school records and is being requested in order to insure accuracy. In spaces where the information is not applicable, please write "N/A". State briefly your reason for changing schools and enrolling your child in **Anthem Christian School**.

How, or from whom, did you hear about our school? _____

Does the student have any known learning difficulties?

Has the student ever repeated a grade? If so, why?

Has the student had any disciplinary difficulty in school?

If so, please explain _____

Has the student ever been suspended or expelled from school for disciplinary reasons?

If so, please explain _____

Has the student had any involvement with drugs, smoking, or alcoholic beverages?

If so, please explain _____

Has the student ever been absent for a long period of time?

If so, please explain _____

Does the student have any physical, emotional, or other problems that may affect his/her attendance or behavior?

If so, please explain _____

Please list child's special interests, skills, or hobbies. _____

Is it likely the student will attend our school for a full year?

Parent's Commitment

I/We agree that the above information is true, accurate and complete. I/We understand that providing correct information will enable ACS administration to properly place and serve our child. I/We understand that providing false and/or incomplete information may mean immediate expulsion from ACS.

I/We, as parents, accept the challenge to "train up a child in the way he should go" (Proverbs 22:6), and we do state that this training will be carried on in the home. We place our trust in ACS to extend that training more completely.

I/We do hereby state that we have made a thorough investigation of the school's program, curriculum, discipline, dress code, etc., and we agree to make them our glad-hearted choice for the coming school year. I/We have read the Parent/Student Handbook and do agree to abide by the regulations therein.

I/We understand that we have an obligation to be actively involved in the education of our children. We agree to uphold and support the high academic standards of the school, by providing a place at home for our child to study, and to give our child encouragement in the completion of homework assignments.

