



AMBASSADOR CHRISTIAN ACADEMY

ENROLLMENT APPLICATION

CHILD'S INFORMATION

Full Name		Circle One: Male Female
Address		
Child lives with	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Both <input type="checkbox"/> Other	
Date of Birth		
Current Grade Level		
School District of residence		
IRS Revenue procedure 75-50 requires schools to keep records on the racial composition of its student body, faculty, and administrative staff for each academic year. Please provide the school with your racial designation:		
<input type="checkbox"/> White/Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Other		

ADMISSION INFORMATION

Grade child will enter at ACA	
Name of school previously attended	
Has your child repeated any grade?	<input type="checkbox"/> Yes-please specify grade: ____ <input type="checkbox"/> No
Does your child currently have an IEP?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide name and contact information of teacher completing educational reference	

FAMILY INFORMATION

	Mother	Father
Name		
Address		
Home Phone		
Cell Phone		
Work Phone		
E-mail address		
Occupation		
Employer		
Who is financially responsible for the above named child? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other:		
Parent Signature: _____ Date: _____		

CHURCH INFORMATION

Church Name	
Denomination	
Pastor's Name	
Do you attend regularly?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Semi-weekly <input type="checkbox"/> Monthly

CONFIDENTIAL INFORMATION

If any answer is affirmative and there is not enough space to explain, please give complete details on a separate sheet of paper. An explanation may also be required from the doctor, former principal, or court.

YES NO

- Does your child have any significant physical impairment? If so, what? _____

- Has your child been previously hospitalized? If so, for what? _____

- Is your child allergic to anything? If so, to what? _____

- Has your child had any operations? If so, please explain: _____
- Is your child under the care of a doctor? If so, for what reason? _____

CONFIDENTIAL INFORMATION (cont'd)

Has your child ever been treated for any nervous, mental, or emotional disorder, or seen a psychologist? If so, please

explain: _____

Has your child ever used illegal or dangerous drugs? _____

Has your child ever used alcoholic beverages or tobacco? _____

Has your child ever been expelled, disenrolled, or suspended by any school? _____

Does your child have any physical, emotional, or mental handicaps which may affect activities or progress? If so, please

explain: _____

Has your child received any type of tutoring or therapy? If so, please explain: _____

Does your child desire to attend ACA? _____

Reason for leaving current school: _____