



Office Use Only:  
 Date \_\_\_\_\_  
 Payment Method:  
 CC, Cash, Check # \_\_\_\_\_  
 Money Order  
 Amount Pd. \_\_\_\_\_  
 Tour Date \_\_\_\_\_

**APPLICATION FOR ENROLLMENT - NEW SIBLING**

**STUDENT INFORMATION:**

Family Name \_\_\_\_\_ Applying for School Year \_\_\_\_\_  
 Gender: **M** or **F** Student's Full Name \_\_\_\_\_ Goes By \_\_\_\_\_  
 U.S. Citizen: ( )Yes ( )No Grade Applied For \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Best Email for School Correspondence \_\_\_\_\_  
 Does family attend church regularly? ( )Yes ( )No Name of Church: \_\_\_\_\_  
 Child Resides with: \_\_\_ Natural Parents \_\_\_ Mother/Step Father \_\_\_ Father/Step Mother \_\_\_ Mother only  
 \_\_\_ Father only \_\_\_ Joint Custody \_\_\_ Legal Guardian-relationship \_\_\_\_\_

**Ethnicity:**

\_\_\_ American Indian/Alaska Native \_\_\_ Asian \_\_\_ Hispanic/Latino \_\_\_ Multiracial  
 \_\_\_ Black/African American \_\_\_ Native Hawaiian/Pacific Islander \_\_\_ White \_\_\_ Other \_\_\_\_\_

**PERSONAL INFORMATION:**

Does Applicant have any allergies or special medical needs? (Please be as specific as possible) \_\_\_\_\_

Please list ALL current medication(s) and doses being taken by student \_\_\_\_\_

Does the applicant have difficulty in: **Reading?** **Math?**

Has applicant ever been evaluated for academic, speech, language, sensory integration, physical, behavioral, emotional, or attention difficulties by a school official, psychologist, physician, or other professional? \_\_\_\_\_

**If yes, please attach a copy of the most recent evaluation.**

Has the applicant been given an Individualized Education Plan (IEP) by the public school? \_\_\_\_\_

**If yes, please attach a copy of the most recent evaluation.**

Does applicant receive the Step Up for Students Scholarship? ( )Yes ( )No

**If yes, please provide Step Up Award Letter.**

**APPLICANT EDUCATIONAL/BACKGROUND INFORMATION:**

Applicant's Current School \_\_\_\_\_ Years attended \_\_\_\_\_

School Address \_\_\_\_\_ School Phone # \_\_\_\_\_

Reason for changing schools \_\_\_\_\_

- Has applicant previously attended ACS? ( )Yes ( )No Which grades? \_\_\_\_\_
- Has applicant ever repeated a grade? ( )Yes ( )No If yes, which grades? \_\_\_\_\_
- Has applicant ever been suspended, expelled, or asked to withdraw from any school? ( )Yes ( )No
- If yes to either, please give name of school and provide written details \_\_\_\_\_
- Has applicant ever been convicted of a crime? ( )Yes ( )No If yes, please provide written details \_\_\_\_\_
- Is applicant eligible to re-enter his/her present school? ( )Yes ( )No
- Has applicant previously attended another Christian school? ( )Yes ( )No
- If yes, which grades and where? \_\_\_\_\_
- Has applicant attended: Summer school? ( )Yes ( )No Tutoring? ( )Yes ( )No
- Has applicant experienced notable discipline problems: At Home? ( )Yes ( )No At School? ( )Yes ( )No

**PLEASE INCLUDE WITH APPLICATION:**

\_\_\_\_\_ Current Report Card \_\_\_\_\_ Transcripts (10-12) \_\_\_\_\_ Standardized Testing Results  
 \_\_\_\_\_ Birth Certificate (K5) \_\_\_\_\_ Shot Record (K5) \_\_\_\_\_ School Physical (K5 and out of state applicants)

**Parent Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

*ACS admits students of any race, color, nationality, and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. We will not discriminate on the basis of race, color, nationality, and ethnic origin in the administration of our educational and admission policies or in a scholarship, athletic, and other programs.*