

Ambassador Christian Academy

535 Mullica Hill Road Glassboro, NJ 08028

Enrollment Application 2011-2012

STUDENT INFORMATION

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

FAMILY INFORMATION

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

	Maternal Grandparents	Paternal Grandparents
Name(s)		
Address		

Home Phone		
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CHURCH INFORMATION

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

ADMISSION INFORMATION

Grade student will enter at ACA	
Name of school previously attended	
Has student repeated any grade?	<input type="checkbox"/> Yes-please specify grade: _____ <input type="checkbox"/> No
Does student currently have an IEP?	<input type="checkbox"/> Yes <input type="checkbox"/> No

CONFIDENTIAL INFORMATION

YES NO

Does the applicant have any significant physical impairment? If so, what? _____

Has the applicant been previously hospitalized? If so, for what? _____

Is the applicant allergic to anything? If so, to what? _____

Has the applicant had or does the applicant have any major diseases or illnesses? If so, please explain: _____

Has the applicant had any operations? If so, please explain: _____

Is the applicant under the care of a doctor? If so, for what reason? _____

Has the applicant ever been treated for any nervous, mental, or emotional disorder, or seen a psychologist? If so, please explain: _____

Has the applicant ever used illegal or dangerous drugs?

Has the applicant ever used alcoholic beverages or tobacco?

Has the applicant ever been expelled, disenrolled, or suspended by any school?

Does the applicant have any physical, emotional, or mental handicaps which may affect activities or progress? If so, please explain: _____

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

Does the applicant desire to attend ACA?

Reason for leaving current school: _____

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.