

Christian Values - Academic Excellence

Family Application

Date:			Application F	ee \$50.00 (pa	aid: Y N)
We would like to enroll t	the following children	at ACS:			
Name:					
First	Middle	Last	Applying for Grade	Date of Birth	Age
Name:	Middle	Look	Applying for Crado	Date of Birth	A = 0
First	Middle	Last	Applying for Grade	Date of Birth	Age
Name:First	Middle	Last	Applying for Grade	Date of Birth	Age
Father/Guardian:					
	First, Middle, Last				
Address:					
Occupation	Place of Employment		Work #		
Cell phone:	Home phone:				
Email Address:					
Mother/Guardian:					
	First, Middle, Last				
Address:					
Occupation	Place of Employment		Work #		
Cell phone:		Home ph	one:		
Email Address:					

List the last school and grade attended for each child:				
Names and ages of other children in the family:				
Have any applicants repeated a grade? (List name and grade repeated)				
Have any applicants been involved in disciplinary difficulty, suspension, probation, police records, restraining order, expulsion? Yes No				
Please explain:				
Do the applicants have any history of ADD, ADHD, OCD, or any other special needs?				
Are they in a gifted program?				
Please state your personal Christian experience and faith (Christian Testimony):				
Father/guardian:				
Mother/guardian:				

Name of church you attend, how long you've attended, and its	s denominational affiliation:			
Father/guardian: Your Pastor's name and phone number				
Pastor's email:				
Attend: Regularly Seldom				
Mother/guardian: Your Pastor's name and phone number, if mother and father are attending different churches				
Pastor's email:				
Attend: Regularly Seldom				
Christian references (other than pastor and family): (PLEASE include email addresses)				
Name: Ph	none #			
Email address:				
Name: Ph	none #			
Email address:				
Name: Ph	none #			
Email address:				
Who referred you to ACS, or how did you discover our school?				

State in detail why you would like your child(ren) to attend ACS:				
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I give Arlington Christian School authorization to contact my chi Purpose of reference for my child/children's academic and class				
Parent/Guardian Signature:	Date:			
Print Name:				
Parent/Guardian Signature:	Date:			
Print Name:				