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 armburstchristian.com

# Student Enrollment Application

|      |
|------|
| 2019 |
| 2020 |

## Student's Information

|                   |                 |                                  |
|-------------------|-----------------|----------------------------------|
| First Name:       | Middle Name:    | Last Name:                       |
| Nickname?         | Entering Grade: | Date of Birth:        /        / |
| Street Address:   |                 | Student Email:                   |
| City, State, Zip: |                 | Student Cell:                    |

**Allergies / Physical Problems / Special Needs:** Please provide specific and detailed information on a separate sheet if needed.

*\* Immunization Records must be submitted, or an exemption card signed within the first week of school.*

## Family Information

|   |  |
|---|--|
| Mother's Name:  | <input type="checkbox"/> Student lives primarily with mother |
| Primary Phone:<br><input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home   | Mother's Email:  |
| Secondary Phone:<br><input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home | Employer & Occupation:                                       |
| Father's Name:  | <input type="checkbox"/> Student lives primarily with father |
| Primary Phone:<br><input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home   | Father's Email:  |
| Secondary Phone:<br><input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home | Employer & Occupation:                                       |

Marital Status:  Married     Single     Divorced     Separated     Widowed    **If applicable, a copy of custodial court order MUST be submitted.**

Siblings (& Ages) at Home:

|                                |                  |                  |                  |
|--------------------------------|------------------|------------------|------------------|
| Additional Emergency Contacts: | Name & Relation: | Name & Relation: | Name & Relation: |
|                                | Phone#           | Phone#           | Phone#           |

Church Attending: \_\_\_\_\_ Pastor: \_\_\_\_\_

**Transportation:**     Public School Bus     Parents    School District of Residence: \_\_\_\_\_

*If your child will be riding the bus, you must contact the transportation dept. of your home district to arrange transportation.*

## Choose a Tuition Payment Plan:

|  |   |
|--|---|
| <input type="checkbox"/> 10 Month * (Aug - May)  | <input type="checkbox"/> Twice a Year (Aug & Jan) |
| <input type="checkbox"/> 12 Month * (June - May) | <input type="checkbox"/> Full Payment             |

**\*Please note, monthly payment options will be charged a \$5 per month maintenance fee.**

| OFFICE USE ONLY            | ID # |
|----------------------------|------|
| Date Received              |      |
| Amount Paid w/ Application |      |
| Immunization Records Rec'd |      |

**Parent / Guardian: Please read carefully and *initial in agreement*:**

I give permission for my child to take part in all school activities, including sports and school sponsored trips away from the school premises. I understand I will be notified of every field trip before it occurs. I absolve the school from liability to me or my child because of any injury to my child at school or during any school related activity.

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I give permission for my child's photo to be taken by the academy and / or any local news source and be published as news and / or academy publicity. This may or may not include social media.

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I agree to uphold and support the high academic standards of the school, providing a place at home for my child to study and giving my child encouragement in the completion of any homework or assignments.

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I agree to attend Parent / Teacher / Principal conferences, as necessary, to correct any issues with the achievement or behavior of my child.

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I realize that a Christian education is a partnership between home and school. I will strive to support the school, and my student, through participation in school fundraisers and volunteer opportunities and attendance to school events.

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I will be respectful and supportive of the authority of all school staff, in both word and deed. I will set a good example for my student and expect the same from them. I will lift the staff in prayer as they lead and teach.

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I hereby pledge to pay all financial obligations to the academy on the date due and understand that it may be necessary to withdraw my child if prior arrangements are not made on any past due account. I understand that my child's tuition must be kept current and paid in full by the last day of of the school year or any requests for transcripts and academic records may not be forwarded.

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I have read and clearly understand that in the event of a default in the payment of any tuition or accrued fees due to Armbrust Christian Academy, I am individually and / or jointly and severally liable for the following items, including but not limited to: tuition, related expenses, costs, interest, and reasonable attorney fees.

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If I, or any member of my immediate family, reaches a point of disagreement on an issue of a non-criminal nature with ACA and / or it's legal corporate entity, in keeping with 1 Corinthians 6:1, I agree to submit to a board of conciliation, the members of which have been mutually selected by myself and officials of the school, rather than take to civil court. I agree the procedure to be followed, including costs involved, would be that which has been established by the Christian Legal Society.

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I have read and do accept the Armbrust Christian Academy handbook and it's policies.

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I appreciate the standards of the school and do not tolerate profanity, obscenity in word or action, dishonor to the Trinity and the Word of God, or disrespect to the personnel of the school. I hereby agree to support all regulations of the school on the applicant's behalf and authorize this school to employ such discipline as it deems wise and expedient for the training of my child.

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I understand that the school reserves the right to dismiss any child who fails to comply with the established regulations and discipline or whose financial obligations remain unpaid.

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I understand immunization records are a requirement of school admittance and that I must provide the document(s) or sign an medical exemption card within the 1st week of school.

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I understand the terms stated within this application and agree thereto.

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\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

**Student Grade 5 and up. I will *CHEERFULLY COOPERATE* with the rules of this school.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date