

Ambassador Christian Academy

535 Mullica Hill Road Glassboro, NJ 08028

Enrollment Application 2010-2011

STUDENT INFORMATION

Student's Full Name	Circle One: Male Female
Address	
Student lives with	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> 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> <p><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</p>	

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> <p><input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other: _____</p>		

	Maternal Grandparents	Paternal Grandparents
Name(s)		
Address		
Home Phone		

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.