

Athens Christian Academy

Enrollment Form for 2015-16

Note: Please use this form for enrolling a new student at Athens Christian Academy. Each student needs a separate form. (For a returning student, please use our 2015-16 Re-enrollment Form.) All portions of this form must be completed, including social security number, and your enrollment fee must be included here in order for this form to be processed and a position reserved for your child in the class (or on a waiting list if the class is full).

Student's Name: _____ / _____
First Middle Last Called

Address: _____ (_____) _____
Route/Street County City State Zip

Student's Home Phone: _____ Student's Cell Phone: _____

Student's Social Security Number: _____

Date of Birth: ____/____/____ Place of Birth: _____
City State

Applying for: _____ Grade _____ Year _____ Fall _____ Spring

Please Check Method of Payment: _____ Monthly (12 mos)
 _____ Quarterly _____ Semester _____ Yearly

School Attended Last Year: _____

Address: _____ Phone: _____

Grades Previously Attended at this School: _____

Reason for Selecting ACA: _____

ACA Recommended by: _____

Parent's or Guardian's Name:

Mr. _____
First Middle Last Relationship to Child

Father's / Guardian's Occupation: _____ Employer: _____

Work Phone: _____ Cell: _____

E-mail Address: (You will receive MOST correspondence via email) _____

Mrs. _____
 First Middle Last Relationship to Child

Mother's / Guardian's Occupation: _____ Employer: _____

Work Phone: _____ Cell: _____

E-mail Address: (You will receive MOST correspondence via email) _____

If parents are separated or divorced, with whom does the child reside?	
_____	_____
Name	Relationship

Parent's Address (if Different from Child's Address): Home Phone: _____

Parents' Denominational Preference: _____

Location of Church Membership: _____

Active Member: ____ Yes ____ Somewhat ____ No

Personal Reference: _____ Tel. #: _____

Does your child have any learning differences that would require special services or restrict him/her from any physical activities? _____ If so, please explain.

Does your child have a history of behavioral issues? ____ If so, please explain. _____

Is your child currently on any type of medication, and if so, what is the reason for this medication? _____

Will your child be enrolled in aftercare here at the church? ____ Yes ____ No ____ Please send me information.

OFFICE USE ONLY

Date Received: _____ Registration Paid: _____