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**9801 Arlington Church Road · Mint Hill, NC 28227 · (704) 545-4589 ·** [**www.arlingtonacademy.org**](http://www.arlingtonacademy.org)

**STUDENT APPLICATION**

**2024-2025 School Year**

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| **GENERAL INFORMATION** |
| **Payment Plan: \_\_\_\_\_\_\_Full Payment**  **\_\_\_\_\_\_\_10 Month Plan****Application Type: \_\_\_\_\_\_\_\_New Student**  **\_\_\_\_\_\_\_\_Sibling**  | **OFFICE USE ONLY****Interview:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Check $:\_\_\_\_\_\_\_\_\_\_\_\_ Check #:\_\_\_\_\_\_\_\_\_\_\_\_\_****Entry Assessment:\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_****Score:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****CA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Gender: \_\_\_\_\_Male \_\_\_\_\_Female Grade applying for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **\_\_\_\_\_ I do \_\_\_\_\_I do not give permission for information to be printed in school directory.** |
| **Last Name:** | **First Name:** |
| **Middle Name:** | **Preferred Name:** |
| **Home Address:** |  |
| **City:**  | **State: Zip Code:** |
| **Cell Phone:** | **Home Phone:** |
| **Email Address:** | **2nd Email Address:** |
| **Birth Date: M D Y** | **Student Social Security Number:** |
| **School Last attended if applicable:** |  |
| **Preschool attended if applicable:** |  |
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| **List names, ages, grades, and schools attending (including preschoolers) of all school-aged children in your family.** |
| **1.** | **Age:** | **Grade:** | **School:** |
| **2.** | **Age:** | **Grade:** | **School:** |
| **3.** | **Age:** | **Grade:** | **School:** |
| **4.** | **Age:** | **Grade:** | **School:** |
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| **EMERGENCY MEDICAL INFORMATION** |
| **Name of Emergency Contact:****(other than parents)** | **Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Contact’s Relation to student: Relative/Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Friend\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Applicant’s Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Doctor’s Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Hospital Preference:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **PARENT/GUARDIAN AND FAMILY INFORMATION** |
| **Circle Father’s Marital Status:** **Married Widower Separated Divorced Remarried** | **Circle Mother’s Marital Status:** **Married Widow Separated Divorced Remarried** |
| **Father’s Name:** | **Mother’s Name:** |
| **Address:** | **Address:** |
| **City: State: Zip Code:**  | **City: State: Zip Code:** |
| **Employer’s Name:** | **Employer’s Name:** |
| **Job Title:** | **Title:** |
| **Occupation:** | **Occupation:** |
| **Home Phone:** | **Home Phone:** |
| **Work Phone:** | **Work Phone:** |
| **Cell:** | **Cell:** |
| **Work Email:** | **Work Email:** |
| **Years in High School:** | **Years in High School:** |
| **Years in College:** | **Years in College:** |
| **Lives with Student (Yes/No) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Lives with Student (Yes/No) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **If parents are separated or divorced, who has legal custody? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****In the event of sole primary custody, the school requires copies of the custodial legal documents to be provided to the Admissions Office at the time of application.** |
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| **CHURCH AFFLIATION** |
| **What church do you attend?** |
| **Is your family members of this church?** |
| **How often does each member of the family attend?** **Regularly (3-4 Sundays per month)****Occasionally (once or twice per month)****Rarely (4 times per year)** |
| **Father** | **\_\_\_\_\_\_\_\_\_\_Regularly** | **\_\_\_\_\_\_\_Occasionally** | **\_\_\_\_\_\_\_\_\_\_Rarely** |
| **Mother** | **\_\_\_\_\_\_\_\_\_\_Regularly** | **\_\_\_\_\_\_\_Occasionally** | **\_\_\_\_\_\_\_\_\_\_Rarely** |
| **Student** | **\_\_\_\_\_\_\_\_\_\_Regularly** | **\_\_\_\_\_\_\_Occasionally** | **\_\_\_\_\_\_\_\_\_\_Rarely** |
| **With my signature below, I certify that I have answered the above questions honestly and completely.** |
| **Father’s/Guardian’s Signature: Date:** |
| **Mother’s/Guardian’s Signature: Date:** |
| **MISSION STATEMENT** |
| **The mission of Arlington Christian Academy is to help students develop a healthy and active relationship with Jesus Christ and help equip them to apply all aspects of their educational experience to live as salt and light in their communities.** |
| **Do you understand and agree with the above Mission State of ACA? \_\_\_\_\_Yes \_\_\_\_\_\_No** |
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| **STATEMENT OF FAITH** |
| **The general nature and object of Arlington Christian Academy shall be to conduct an institution of learning for the general education of youth in the essentials of culture and its arts and science. We will giving special emphasis to the Christian faith and the ethics revealed in Holy Scriptures. We will prepare young people academically and spiritually to impact society; affirming and teaching the divine inspiration of the entire Bible. These teachings encompass the creation of man by the direct act of God; the incarnation and virgin birth of our Lord and Savior Jesus Christ; His identification as the Son of God; His atonement for the sins of all people by the shedding of His Blood on the cross; the resurrection of His body from the tomb; His power to save mankind from sin; the new birth through the regeneration by the Holy Spirit; and the gift of eternal life by grace of God.** |
| **By signing this Statement of Faith to Arlington Christian Academy, you are certifying that:****\_\_\_\_\_at least one parent in the home is submitting to the Lordship of Jesus Christ, attending a local church and are in agreement with our Statement of Faith.****\_\_\_\_\_ acknowledge that neither parent in the home submits to the Lordship of Jesus Christ, but will agree and comply with Arlington Christian Academy teaching these principles of faith.**  |
| **Father’s/Guardian’s Signature: Date:** |
| **Mother’s/Guardian’s Signature: Date:** |
| **PARENT QUESTIONNAIRE & COMMITMENT** |
| **How did you hear about Arlington Christian Academy?** |
| **Considering the goals for your child, why would you like your child(ren) to attend ACA?**  |
| **Has your child ever been referred to a resource teacher? If yes, please provide date and reason for referral.**  |
| **Has your child ever required accommodations in class?**  |
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| **Has your child ever been administered psychological, behavioral, or academic testing to determine if he/she is gifted, has a learning disability, ADD, ADHD, behavioral, neurological, sensory, or emotional disorder? \_\_\_\_\_\_ If yes, please provide dates, test results, evaluations, IEP reports, etc.** **This information is not routinely part of the cumulative folders and must be requested by the parent/guardian from the resource teacher or school counselor.**  |
| **Has your child ever been recommended for tutoring or remedial instruction? \_\_\_\_\_ If yes, please provide dates and areas of remediation along with written evaluations.**  |
| **Has your child ever repeated a grade? Which grade? Please explain**  |
| **Has your child ever been suspended or dismissed from school? \_\_\_\_\_ Please explain**  |
| **Has your child had disciplinary difficulty in his/her previous school? \_\_\_\_\_\_ If yes, please explain**  |
| **Is your child a ward of the court?** |
| **Has your child been under the jurisdiction of the court?** |
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| **Is there any additional information that Arlington Christian Academy should be aware of when considering this student for enrollment?**  |
| **Is your child presently taking any medication for medical or learning problems? \_\_\_\_\_\_\_\_ If yes, please provide kind of medication, dosage, and frequency. Please provide a copy of a medical evaluation, which must be within the last twelve months.** |
| **Does your child have any allergies? Please list all**  |
| **Does your child have any health problems? \_\_\_\_\_\_\_\_ If yes, please explain**  |
| **Pre-mature birth \_\_\_\_\_\_Yes \_\_\_\_\_No If yes, what was the term?** |
| **Does your child have normal or corrected vision?** |
| **Does your child have normal hearing?**  |
| **What activities or responsibilities are you and your child(ren) involved in at your church?**  |
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| **Please describe prayer time and Bible study in your home.**  |
| **Please give a brief statement summarizing your beliefs as it relates to:** **Jesus Christ**  |
| **The Bible**  |
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| **We certify that the above information is true and made with no reservations:** |
| **Father’s Signature: Date:** |
| **Mother’s Signature: Date:** |
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**Revised 11/20/2023 CS**