



9801 Arlington Church Road • Mint Hill, NC 28227 • (704) 545-4589 • www.arlingtonacademy.org

STUDENT APPLICATION

GENERAL INFORMATION	
Payment Plan: _____ Full Payment _____ 10 Month Plan _____ Quarterly 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:	Medical Doctor
Relative/Relationship:	Applicant's Doctor:
Guardian:	Doctor's Phone:
Friend:	Hospital Preference:
Other:	
PARENT/GUARDIAN AND FAMILY INFORMATION	
Circle Father's Marital Status:	Circle Mother's Marital Status:
<div> Married Widower Separated </div> <div> Divorced Remarried </div>	<div> Married Widow Separated </div> <div> Divorced Remarried </div>
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)
<p>If parents are separated or divorced, who has legal custody?</p> <p>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.</p>	

CHURCH AFFILIATION

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
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Mother	_____ Regularly	_____ Occasionally	_____ Rarely
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Student	_____ Regularly	_____ Occasionally	_____ Rarely
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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

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?

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
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Has your child ever been suspended or dismissed from school? _____	Please explain
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Has your child had disciplinary difficulty in his/her previous school? _____	If yes, please explain
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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?

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	
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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