



9801 Arlington Church Road, Mint Hill, NC 28227

704-545-4589 Extension 107

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:

Payment:

WRAT4: Date:

Gender: ☐ Male ☐ Female

Grade Applying For: _____

☐ I do ☐ I do not give permission for information to be printed in the school directory.

Student Name

Last: _____ First: _____ Middle: _____

Preferred Name: _____

Home Address

Street: _____

City: _____ State: _____ Zip Code: _____

Contact Information

Cell Phone: _____ Home Phone: _____

Email Address: _____

Second Email Address: _____

Birth Date:

Month _____ Day _____ Year _____

Student Social Security Number: _____

Last School Attended (if applicable): _____

Preschool Attended (if applicable): _____

FAMILY INFORMATION

List all school-aged children in your family (including preschoolers):

1. Name: _____ Age: ____ Grade: ____ School: _____

2. Name: _____ Age: ____ Grade: ____ School: _____

3. Name: _____ Age: ____ Grade: ____ School: _____

4. Name: _____ Age: ____ Grade: ____ School: _____

EMERGENCY MEDICAL INFORMATION

Emergency Contact (other than parents):

Name: _____

Phone: _____

Cell: _____

Relation to Student: ☐ Medical Doctor ☐ Relative ☐ Guardian ☐ Friend ☐ Other: _____

Applicant's Doctor: _____

Doctor's Phone: _____

Hospital Preference: _____

PARENT/GUARDIAN INFORMATION

Father's Marital Status: ☐ Married ☐ Widower ☐ Separated ☐ Divorced ☐ Remarried

Mother's Marital Status: ☐ Married ☐ Widow ☐ Separated ☐ Divorced ☐ Remarried

Father's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Employer: _____ Job Title: _____

Occupation: _____

Home Phone: _____ Work Phone: _____

Cell: _____ Work Email: _____

Years in High School: _____ Years in College: _____

Lives with Student: ☐ Yes ☐ No

Mother's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Employer: _____ Job Title: _____

Occupation: _____

Home Phone: _____ Work Phone: _____

Cell: _____ Work Email: _____

Years in High School: _____ Years in College: _____

Lives with Student: ☐ Yes ☐ No

Legal Custody (if parents are separated/divorced): _____

Note: If sole custody applies, legal documentation must be submitted to the Admissions Office.

CHURCH AFFILIATION

Church Attended: _____

Is your family a member of this church? ☐ Yes ☐ No

Attendance Frequency:

Father: ☐ Regularly ☐ Occasionally ☐ Rarely

Mother: ☐ Regularly ☐ Occasionally ☐ Rarely

Student: ☐ Regularly ☐ Occasionally ☐ Rarely

Church involvement (activities/responsibilities):

By signing below, I certify that the above information is accurate and complete.

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 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 statement? ☐ Yes ☐ No

STATEMENT OF FAITH

Arlington Christian Academy exists to educate youth in the essentials of culture, arts, and sciences, giving special emphasis to the Christian faith and ethics revealed in Holy Scripture. We affirm the divine inspiration of the entire Bible and teach:

- Creation of man by the direct act of God;
- Incarnation and virgin birth of 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;
- His bodily resurrection;
- Salvation through Him;
- Regeneration by the Holy Spirit;
- Eternal life by grace of God.

By signing below, you certify that:

☐ At least one parent in the home submits to the Lordship of Jesus Christ, attends a local church, and agrees with this Statement of Faith.

☐ Neither parent submits to the Lordship of Jesus Christ but agrees to comply with ACA's teachings.

Father's/Guardian's Signature: _____ Date: _____

Mother's/Guardian's Signature: _____ Date: _____

PARENT QUESTIONNAIRE & COMMITMENT

How did you hear about ACA?

Why would you like your child(ren) to attend ACA?

Has your child ever been referred to a resource teacher? ☐ Yes ☐ No

If yes, provide date and reason:

Has your child required classroom accommodations? ☐ Yes ☐ No

Has your child undergone psychological, behavioral, or academic testing? ☐ Yes ☐ No

If yes, provide dates, results, evaluations, IEPs, etc.:

Tutoring or remedial instruction recommended? ☐ Yes ☐ No

If yes, provide dates and areas of remediation:

Has your child repeated a grade? ☐ Yes ☐ No

Which grade? _____

Explanation:

Suspended or dismissed from school? ☐ Yes ☐ No

Explanation:

Disciplinary difficulties in previous school? ☐ Yes ☐ No

Explanation:

Is your child a ward of the court? ☐ Yes ☐ No

Under court jurisdiction? ☐ Yes ☐ No

STUDENT HEALTH INFORMATION

Additional information ACA should know:

Is your child currently taking medication? ☐ Yes ☐ No

If yes, list medication, dosage, frequency, and provide a medical evaluation (within 12 months).

Allergies: _____

Health problems: ☐ Yes ☐ No If yes, explain: _____

Premature birth: ☐ Yes ☐ No If yes, term: _____

Vision: ☐ Normal ☐ Corrected

Hearing: ☐ Normal

FAMILY SPIRITUAL LIFE

Describe prayer time and Bible study in your home:

Briefly summarize your beliefs regarding: Jesus Christ:

The Bible:

We certify that the above information is true and complete.

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____

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