



9801 Arlington Church Road, Mint Hill, NC 28227

704-545-4589 Extension 107

[www.arlingtonacademy.org](http://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):** \_\_\_\_\_

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### 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: \_\_\_\_\_

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### 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:** \_\_\_\_\_

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## 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.*

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## 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: \_\_\_\_\_

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**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

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#### **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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