



ALPHARETTA CHRISTIAN ACADEMY

44 Academy Street
Alpharetta, GA 30009
770-475-5762
770-475-1740 (fax)
alpharettachristianacademy.com

ADMISSION APPLICATION 2009-2010

Current Grade _____ Applying to Grade (please circle) 1/2-K K 1st 2nd 3rd 4th 5th 6th

Applicant's Full Name _____
Last First Middle Name Called

Date of Birth _____ Sex _____ Home Phone (____) _____ - _____ SS# _____

Home Address _____

City _____ State _____ Zip Code _____ County _____

Subdivision _____

E-Mail _____

Current Church Affiliation _____

Is this student currently in application at another school? () Yes () No

Family Information:

Father's Full Name _____ Occupation _____

Business Name _____ Work Phone (____) _____

Business Address _____ Cell Phone (____) _____

Home Address _____ Home Phone (____) _____
If different from student's address above If different from above

Mother's Full Name _____ Occupation _____

Business Name _____ Work Phone (____) _____

Business Address _____ Cell Phone (____) _____

If parents are divorced or remarried, please provide the following information:

Student lives with:

Please check any that apply:

- | | | | |
|---------------------------------|-------------------------------------|---|--|
| <input type="checkbox"/> Father | <input type="checkbox"/> Stepfather | <input type="checkbox"/> Father deceased | <input type="checkbox"/> Parents separated |
| <input type="checkbox"/> Mother | <input type="checkbox"/> Stepmother | <input type="checkbox"/> Mother deceased | <input type="checkbox"/> Father remarried |
| <input type="checkbox"/> Other | | <input type="checkbox"/> Parents divorced | <input type="checkbox"/> Mother remarried |

Please list chronologically all other children under 18 years of age living with the family:

Name _____ DOB _____ Grade _____ School _____

Name _____ DOB _____ Grade _____ School _____

Name _____ DOB _____ Grade _____ School _____

Educational Information:

Present School _____ Attended from _____ to _____

Address _____

Previous School _____ Attended from _____ to _____

Address _____

Has applicant:

Been suspended or expelled from school? Yes No

Been asked to withdraw from any school at any time? Yes No

Been home schooled? Yes No

Repeated a grade? Yes No

Taken or currently taking medication for ADD or ADHD? Yes No

Taken prescription medications on a regular basis? Yes No

If yes to any of the above, please explain on a separate sheet.

Ever had educational psychological testing? Yes No

If psychological testing has been administered, a complete copy must be submitted with the transcript.

Please note: Application must be completed and active (i.e. paperwork submitted and fee paid) before any transcript or educational testing can be reviewed.

Does the applicant have any mental, emotional or physical handicaps which may affect his activities/progress or should be known by the teacher? (Reply will be held confidential.) _____

State briefly why you wish for your child to attend ACA. _____

How do you anticipate that ACA will help support what you are trying to achieve at home? _____

Please share with us how you heard about ACA. _____

Completing an application does not insure automatic acceptance. Each applicant is required to have an age appropriate screening and furnish a transcript from previously attended schools. Admission is granted without regard to sex, race, or national and ethnic origin. We are unable to accommodate children with severe learning, emotional, behavioral, or physical challenges.

I (We) agree that the information contained in this application is accurate and up-to-date.

Parent's Signature _____ Date _____

Parent's Signature _____ Date _____