

Today's Date: ___ / ___ / ___

Year: _____ Year: _____

Initials: _____ Initials: _____



ENROLLMENT FORM

STUDENT INFORMATION

Student FULL Name: _____

Birth Date: ___ / ___ / ___ Male Female Grade: _____
mo day year

Student's Age Today: ___ years, ___ months old Social Security #: _____ - _____ - _____

Place of Birth: _____, _____ at _____ Citizen: _____
city state institution

Previous School: _____ Student lives primarily with: _____
primary caregiver

Religious Affiliation: Christian: yes no Adventist: yes no None Other

Church You Attend: _____

Is the Student baptized? yes no If "yes", Baptismal Date: ___ / ___ / ___

If parents are separated or divorced, please provide the name of the parent who has legal custody of this child:

PRIMARY PARENT or GUARDIAN INFORMATION

Name: _____, title: _____

Home Address: _____
street address city state zip

Mailing Address (if different): _____
P.O. Box city state zip

Phone Numbers: Home: (____) _____-____ Cell: (____) _____-____ Work: (____) _____-____

Relationship to Student: _____ e-mail address: _____

Place of Work/Occupation: _____ Education: _____

Citizen: _____ Marital Status: Single Married Divorced Separated

Spouse's Name: _____ Spouse's Relationship to Student: _____

SECONDARY PARENT or GUARDIAN INFORMATION

Name: _____, title: _____

Home Address: _____
street address city state zip

Mailing Address (if different): _____
P.O. Box city state zip

Phone Numbers: Home: (____) _____-____ Cell: (____) _____-____ Work: (____) _____-____

Relationship to Student: _____ e-mail address: _____

Place of Work/Occupation: _____ Education: _____

Citizen: _____ Marital Status: Single Married Divorced Separated

Spouse's Name: _____ Spouse's Relationship to Student: _____

PREVIOUS EDUCATION RECEIVED

Has your child repeated any grade? yes no If yes, what grade: _____

Previous school(s) attended:

name of school address phone/fax date of attendance

If your child has been home schooled, indicate grade(s): _____

Has your child been treated for a nervous, mental, or emotional disorder? yes no If yes, please explain:

Has your child ever been expelled, dropped, or suspended by any school? yes no

Has your child had any psychological and/or psych-educational evaluations in the past two years? yes no

If yes, please explain: _____

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We do affirm our commitment accepting the breadth and scope of Andrews Christian Academy’s program, realizing that the school cannot meet the educational needs of all children. The school retains the right, after careful evaluation and examination, to deny admission to any student whose needs are not best met by its program. Andrews Christian Academy does not discriminate on the basis of age, race, color, disability, or national origin in its dealings with employees, students, the general public, applicants for employment, education programs, activities, or access to its facilities.

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NON-MEDICAL AUTHORIZATIONS

Besides the individuals listed above, the following individual’s are authorized to pick my child(ren) up from school in emergency, early pick-up and regular dismissal situations:

name (cell) phone number relationship

name (cell) phone number relationship

name (cell) phone number relationship

The following person is NOT authorized to pick up the student: name relationship

I (check box) grant do not grant permission for my child to leave the school campus on foot or by bicycle, for emergencies or upon school dismissal. Please initial here: _____

Other person(s) the student’s report cards need to be sent to:

name address city state zip

name address city state zip

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IMMUNIZATION RECORD/WAIVER

State law requires that your child be immunized or that you sign a waiver for immunizations to be kept on file.

You must bring an updated copy of your student’s immunization record to school before they start.

If you do not immunize your child, please sign and date this form. I DO NOT wish to immunize my child.

Parent/Guardian Signature Date

PARENTAL PERMISSION FOR OTC DRUG DISPENSING

Over the counter medication such as Tylenol, Ibuprofen, cough drops or Tums may be given to my child if the teacher feels that my child needs such medication. These medications will only be given as a last resort. Parents are contacted when children become sick while at school – please do not send sick children to school.

I hereby GRANT my permission for the teacher to dispense OTC medications as they deem necessary as a last resort.

I hereby DENY my permission for the teacher to dispense any OTC medication to my child.

Please note any OTC medications that your child should NOT be given under any circumstance: _____

Parent/Guardian Signature

Date

.....
CONSENT TO EMERGENCY TREATMENT AND MEDICAL INFORMATION

Student's Name: _____

Home Phone: (____)____-_____

Mother's Name: _____

Best Number to reach you: (____)____-_____

Father's Name: _____

Best Number to reach you: (____)____-_____

Guardian's Name: _____

Best Number to reach you: (____)____-_____

Primary Physician: _____

Phone Number: (____)____-_____

Please state your hospital preference in case of hospitalization: _____

In case of an emergency, whom may we contact if the primary parent or guardian is not available? These individuals have your authorization to assume responsibility of your child in case of an illness or accident, until you can be reached. In case of any changes in the named person(s), please notify the school in writing.

name (cell) phone number relationship

name (cell) phone number relationship

If emergency services involving medical action and treatment are required and neither parent nor the family physician can be reached for consent, the parent hereby consents to the rendering of such emergency medical services for the above-named student if it becomes necessary in the medical opinion of the doctor rendering such services. In case of accident or serious illness, if the school is unable to contact the primary parent or guardians, or the alternative emergency contact individuals, I hereby authorize the school to take my child to the nearest medical center, and to request the use of an ambulance as the teacher(s) deem necessary. If it is impossible to contact the student's physician as listed on this form, the nearest medical center's physician can provide service. If immediate medical treatment from a physician is not necessary, the school may contact the emergency contact individuals listed above, should the primary parent or guardian not be available. I do hereby consent to any x-ray examinations, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be render to the student under the general or special instructions of the student's physician, or any physician the school or organization may call. This consent is given in advance of any specific diagnosis or treatment, and ACA or the physician is authorized to exercise their best judgment as to the care for the student. This consent to treat is applicable on or off school campus, at any school event or activity.

Parent/Guardian Signature

Date

In case your child must be transported to the hospital and you cannot be reached, or your child arrives there before you, please list your present family health insurance company and policy number so that your child may receive prompt care. This information will be kept in the strictest confidence.

Insurance Company

Policy Number

Please list your child's allergies (including foods, pollens, insects, medication), medical conditions, medical restrictions, daily pharmaceutical therapy, respiratory conditions, notable psychological concerns, behavior patterns and concerns, additional needs, athletic participation restrictions, illnesses, accidents, medical operations, etc...

Please be aware that in the event of an injury or emergency, every possible attempt will be made to contact you. Please notify the school immediately of any changes to this very important information. Thank you.

FIELD TRIP PERMISSION

I hereby give permission to take my child on all field trips with Andrews Christian Academy. I understand that I will be notified in advance of all field trips. I will express in writing to the classroom teacher if I do not wish for my child to attend a field trip.

Parent/Guardian Signature Date

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DECLARATIONS: PLEASE CHECK AS YOU AGREE, SIGN AND DATE AT THE BOTTOM

ASBESTOS NOTIFICATION

I have read the annual asbestos notification and understand that I may examine the asbestos plan at any time during normal school hours.

HANDBOOK/CALENDAR

The parent or guardian and the student have received a copy of the Andrews Christian Academy handbook and school academic calendar and agree to support the policies and mission listed therein.

CAMERA/VIDEO AND WEBSITE

Andrews Christian Academy has permission to use my child's name, picture, and video for school-related materials (year book, bulletin boards, ACA website and church website, newsletters, fundraising, brochures, etc.)

yes no clarifications: _____

PARENT EXPECTATIONS

I have read and will comply with the outlined expectations given to me. Initial: _____

STUDENT'S PLEDGE

I have read and agree to uphold the expectations outline in the Student Pledge. I understand that violations to this pledge will result in disciplinary measures as outlined. Student's Initial: _____

I have read the Internet Acceptable Usage document and pledge to abide by the internet terms and conditions. I understand that violation of the regulations may result in school discipline and the loss of my access privileges. Student's Initial: _____

STATEMENT OF COOPERATION

I understand that my child's attendance at Andrews Christian Academy is a privilege and not a right; and that if at any time his/her conduct, academic progress, or cooperation with the school's authorities is not in keeping with school requirements, the school reserves the right to terminate my child's enrollment at its discretion.

I give permission for my child to take part in all school activities including sports programs and school sponsored trips away from the school premises. I absolve the school from all liability in the event my child is injured at school or during and school activity. I agree with the school's efforts to train my child in the Bible and will encourage my child in this and in all other phases of the curriculum.

I pledge not to interfere with the school in its efforts to administer discipline to my child in accordance with the standards the school has for itself. If my child voluntarily withdraws or is requested to withdraw by the school, I understand and accept that no refund of registration fee or monthly tuition will be made.

Signature of Parent/Guardian: _____

FINANCIAL RESPONSIBILITY

I will comply with ACA's financial policies, pay all fees and tuition charges on time. I have completed and attached the financial commitment form. yes no

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Student's Signature: _____ **Date:** _____

Printed names of parent/guardian (or one assuming financial responsibility): _____

signature relationship date

Give complete name and address of person to whom the statement should be sent (if other than parent or guardian):

name address city state zip

Withdrawal Date:

Reason for Withdrawal: