



P.O. Box 9147, Chandler Heights, Arizona 85127
Office: (480) 387-0902 Fax: (480) 452-0316
www.acaaz.org

Date Rec'd _____
Fee Paid _____
Check # _____

Student Enrollment Application

STUDENT INFORMATION

Student's Name _____
Last First Middle
Nickname/goes by _____ Date of Birth ____/____/____
Address _____ City _____ State _____ Zip Code _____
Home Phone (____) _____ Age _____ Gender: male female
Entering Grade _____ Home school or full-time? _____
Ethnic Origin: Caucasian African American Hispanic Asian Native American Other _____

PARENT (GUARDIAN) INFORMATION

Father / Step Father / Guardian Name _____
(Circle One) Last First
Address (if different from student) _____
Home # (____) _____ Cell # (____) _____ email _____
Employer _____ Work Phone (____) _____
Mother / Step Mother / Guardian Name _____
(Circle One) Last First
Address (if different from student) _____
Home # (____) _____ Cell # (____) _____ email _____
Employer _____ Work Phone (____) _____

Student lives with: mother & father mother father mother & step-father father & step-mother
 Other _____ Relationship _____

If parents are divorced or separated, where does student primarily reside? _____
Who has legal custody? _____

Ambassador Christian Academy admits students of any race, color, and national or ethnic origin.



P.O. Box 9147, Chandler Heights, Arizona 85127
Office: (480) 387-0902 Fax: (480) 452-0316
www.acaaz.org

EMERGENCY CONTACT INFORMATION

The individuals named below have authorization to pick up my child and can be reached during school hours at the number listed. Please list two or three people who can assume temporary care of your student if you cannot be reached. *Please do not list parents.*

1. Name _____ Relationship _____

Daytime Phone (_____) _____ Alternate Phone (_____) _____

2. Name _____ Relationship _____

Daytime Phone (_____) _____ Alternate Phone (_____) _____

List any individual(s) who SHOULD NOT pick up and/or have contact with your student:

EMERGENCY HEALTH INFORMATION

In case of serious accident or illness at school, your child will be sent to an emergency medical facility. The parent(s)/guardian(s) is responsible for all expenses.

Physician _____ Phone (_____) _____

Known Allergies _____

Daily Medications _____

Other pertinent medical data _____

BIRTH CERTIFICATE

The State of Arizona requires that Ambassador Christian Academy keep a copy of each student's birth certificate as part of our student records. We will be glad to make a copy for you in the office.

IMMUNIZATION RECORD

State law requires a copy of your records to be on file. Please copy your immunization card and provide it to the school.

PAIN RELIEVERS

My child may be given: Tylenol Ibuprofen Please call parent first

FIELD TRIPS

Students of Ambassador Christian Academy will attend various field trips off-campus throughout the school year. Parents will be notified prior to each field trip with location and transportation information. If you would prefer that your child not attend a field trip, please contact the Ambassador Christian Academy office. Fieldtrips for full-time students are a part of the annual tuition. Homeschool students pay for fieldtrip participation.

Ambassador Christian Academy admits students of any race, color, and national or ethnic origin.



FINANCIAL AGREEMENT

Following is the definition and our expectations for the payment of tuition:

- Tuition is an **annual fee**, broken down into eleven monthly payments for your convenience. The first installment payment is due July 10th and each month thereafter on the 1st day of the month, for eleven months.
- A late charge of \$25 will be assessed on your account for all payments received after the 10th of each month.
- A \$30 fee will be assessed on your account for any check returned to the school by the bank.
- Tuition payments are non-refundable. Tuition payments are due on the 1st of every month. If you need to withdraw a child after the month has started, tuition is owed for the whole month. (Tuition will not be prorated). However, if you pay in advance and then withdraw your student, any monies received for FUTURE months not accrued are refundable.
- Families utilizing student tuition organizations (STO's): Upon depletion of scholarship funds you are responsible for all remaining tuition payments in a timely manner.

This document is understood to be legally binding, and I/we have read and agree to comply with the above commitment.

Both signatures required.

Parent/Guardian	_____	_____	_____
	Printed Name	Signature	Date

Parent/Guardian	_____	_____	_____
	Printed Name	Signature	Date



P.O. Box 9147, Chandler Heights, Arizona 85127
Office: (480) 387-0902 Fax: (480) 452-0316
www.acaaz.org

PARENTAL SUPPORT COMMITMENT

Christian education involves the whole person; therefore, it is desirable that all elements which bear on the education of a child be consistent and properly reinforce one another. Ambassador Christian Academy seeks to foster an environment that will challenge every student to consider their personal response to the claims of Jesus Christ. However, the school does not replace the training of the home or the church. All three should be in Biblical agreement for a truly well-rounded Christian education for the child.

We, _____, the parents of _____, do hereby pledge our support of the following:

1. We commit to pray for Ambassador Christian Academy students and staff, and to be supportive of the school board, administration, faculty and staff.
2. We agree that if our child should become involved in any trouble with other students in the school, we will in no case complain to any other parents, but in the love of Christ and with prayer, register our complaints with the teacher or principal.
3. We understand that assessments will be made to cover damage to school property (including breakage of windows, abuse of books, etc.)
4. We pledge our fullest cooperation to keep doctrinal controversy and denominationalism out of Ambassador Christian Academy at all times.
5. Ambassador Christian Academy reserves the right to periodically review the behavior and academic progress of every student to determine their ability to benefit from the educational life at the school.
6. By signing this form, we are indicating both our family's desire to be a part of Ambassador Christian Academy and our commitment to support the ideals and standards of this school.
7. By signing this form, we agree to read the Ambassador Christian Student Handbook with our child(ren) and abide by its rules.

Parent/Guardian _____ Date _____

Parent/Guardian _____ Date _____

Ambassador Christian Academy admits students of any race, color, and national or ethnic origin.



JUNIOR AND SENIOR ACADEMY STUDENT QUESTIONNAIRE

Student's Name _____ Grade Next Year _____

Has the applicant: (if any question requires a "yes" answer, please attach an explanation)

- Ever been asked to leave another school? No Yes
- Ever been retained in a grade? No Yes
- Ever been suspended from school? No Yes
- Ever been expelled from school? No Yes
- Attended more than one school in a year? No Yes
- Been involved with juvenile authorities? No Yes
- Had disciplinary problems at school? No Yes
- Used illegal drugs, alcohol, and tobacco? No Yes

- Does the applicant regularly require any medication? No Yes

Please circle the number which best represents your assessment of each area.

Positive						
<u>Character Quality</u>	<u>Definition</u>			<u>Poor</u>		<u>Superior</u>
Diligence	Applying concerted effort & energy to tasks; vs Laziness	1	2	3	4	5
Cooperativeness	A willingness to work together within agreed-upon guidelines; vs. incorrigibility	1	2	3	4	5
Submission	A willingness to accept and obey those whom God has placed over us; vs defiance	1	2	3	4	5
Truthfulness	The quality of dealing with things as they really are; vs deception	1	2	3	4	5
Love	The quality of seeking the highest good of others; vs selfishness	1	2	3	4	5
Cheerfulness	The quality of pleasantness or brightness, non-resentful; vs sullenness	1	2	3	4	5
Spiritual Hunger	The desire to learn about and be stimulated in one's walk with God; vs spiritual apathy	1	2	3	4	5
Meekness	Enduring wrong with patience and gentleness vs anger	1	2	3	4	5
Acceptance of Others	Welcoming people warmly and openly, without exclusion; vs cliquishness	1	2	3	4	5
Commitment to Moral Purity	Placing a higher emphasis on what honors Christ, rather than how far I can go vs worldliness	1	2	3	4	5
Teachable Spirit	A willingness to learn, grow and mature related to God's truth; vs arrogance	1	2	3	4	5
Respect	The quality of honoring and valuing oneself, as well as members of the Bios Christian Academy community and its facility; vs abusiveness	1	2	3	4	5



P.O. Box 9147, Chandler Heights, Arizona 85127
Office: (480) 387-0902 Fax: (480) 452-0316
www.acaaz.org

JUNIOR AND SENIOR ACADEMY STUDENT QUESTIONNAIRE

Does the student attend church regularly? _____ Name of Church _____

Address of Church _____

Pastor _____ Church Phone Number _____

To be completed by student

Give your testimony and your present relationship with Jesus Christ (25 words or more). If you are not a Christian, why do you want to attend Ambassador Christian Academy?

Three references are required for all junior high and high school students before an admissions decision can be reached. Please give the attached "Student Applicant Reference" sheets to three people who can speak to your character and/or spiritual life. If you have a pastor or church leader who can speak to your spiritual life/maturity, please include them as one of your references.

The forms may be mailed, emailed, or faxed to Ambassador.



P.O. Box 9147, Chandler Heights, Arizona 85127
Office: (480) 387-0902 Fax: (480) 452-0316
www.acaaz.org

STUDENT APPLICANT REFERENCE

(Name of Applicant) _____ has applied for admission to Ambassador Christian Academy. To assist us in making an appropriate selection of students and learn something about their needs before they come to us, we are seeking information from you concerning the above candidate.

Ambassador Christian Academy considers the information provided herein to be confidential. Please return this form via mail (see address above), email to amy.crislip@acaaz.org.

How long have you know the applicant? _____

In what relationship: Pastor Youth Pastor Discipleship Leader Friend Neighbor Teacher
 other _____

How well do you know the applicant? (not at all) 1 2 3 4 5 (very well)

To the best of your knowledge does this student have an authentic, saving relationship with Jesus Christ?
 yes no uncertain

His/her influence on others is: outstanding/positive neutral negative

The applicant is (check all that apply): emotionally stable erratic optimistic pessimistic
 considerate of others respectful to parents & elders

Have you ever had occasion to doubt this applicant's honesty? yes no

If yes, please explain _____

Have you ever known the applicant to use narcotics, tobacco or alcoholic beverages or abuse any other substance?
 yes no

What are the applicant's strong points/special abilities? _____

In what areas is improvement needed? _____

Would you recommend this student for admittance to Ambassador Christian Academy?

Recommend Do not recommend Recommend with reservations

Signature *Please Print Name* *Date*

What is the best way to contact you? _____