



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? _____



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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



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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 _____

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