



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? \_\_\_\_\_  
Previous school attended? \_\_\_\_\_  
Does student have a 504 Plan / IEP / MET? \_\_\_\_\_ Please provide.

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



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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.

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### 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 10<sup>th</sup> and each month thereafter on the 1<sup>st</sup> day of the month, for eleven months.
- A late charge of \$25 will be assessed on your account for all payments received after the 10<sup>th</sup> 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 1<sup>st</sup> 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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