



# Student Application

Official Use only		Financial Clearance		Official Use only	
Application received <input type="checkbox"/>		<input type="checkbox"/> \$55 Application fee (\$25 for returning students)		Accepted/ Denied	
Returning/ New Student <input type="checkbox"/>		<input type="checkbox"/> Registration \$430 (25% Nonrefundable)		Student data <input type="checkbox"/>	
New student interview <input type="checkbox"/>		Cash \$ _____		Parent data <input type="checkbox"/>	
Placement Assessment <input type="checkbox"/>		Check # _____ \$ _____		Birth Certificate received <input type="checkbox"/>	
References received <input type="checkbox"/>		Smart Tuition(DOT) _____ \$ _____		Physical received <input type="checkbox"/>	
Cum file requested <input type="checkbox"/>		Received by _____		Immunizations received <input type="checkbox"/>	
		Financially cleared on _____		Technology Agreement received <input type="checkbox"/>	
Last Name	First	Middle	Name Used	Male/Female	Grade Entering
Address – Street/P.O Box			City	State	Zip
Birth date – mm/dd/yyyy	Birthplace		Citizenship	Social Security No.	Home Telephone ( )
Prominent Ethnic Background: (For Statistical Purposes Only, Please Circle One) 1. American Indian/Alaskan Native 2. Asian 3. African American 4. Hispanic/Latino 5. Native Hawaiian /Other Pac. Islander 6. White 7. Mixed					Student Cellular ( )
Has the student ever been recommended for special education? No/Yes If yes, please explain:				Student's email:	
School attended last year	Address if not ACA		Telephone Number if Not ACA	Grade level last year	
Student lives with: (Please circle all that apply) Both Parents, Father, Mother, Stepfather, Stepmother, Guardian, Grandfather, Grandmother, Aunt, Uncle, Other (Please explain):					
Father's Last Name	First	Address		City	State Zip
Home Telephone ( )	Occupation	Employer		Work Telephone ( )	Married? Yes/No Divorced Separated
Mother's Last Name	First	Address		City	State Zip
Home Telephone ( )	Occupation	Employer		Work Telephone ( )	Married? Yes/No Divorced Separated
Guardian's Last Name	First	Address		City	State Zip
Relationship to Student	Home Telephone ( )	Occupation		Employer	Work Telephone ( )
Fathers Cellular ( )	Mother's Cellular ( )		Other Parents Cellular ( )		
Father's email	Mother's Email		Other Parent/guardians Email		
Church Affiliation (Student)			Baptized? Yes/No	Date:	
Church Affiliation (Mother)			Baptized? Yes/No		
Church Affiliation (Father)			Baptized? Yes/No		
General & Financial Information					
Who is financially responsible? Father Mother Both Other:			Split Bill? Yes No If yes, please explain?		
Address and telephone number of responsible person if other than parent:					
Do you have an unpaid account at another SDA school? No Yes If yes, please give the name and address of the school					
Name of other children attending ACA		Grade	Name of other children attending ACA		Grade
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We, the undersigned, pledge to uphold the policies and principals as outlined in the current Adventist Christian Academy student handbook and to accept full financial responsibility according to the published financial policies and contract. To the best of our knowledge the questions on this application are answered completely and truthfully.

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Guardian's Signature