

Religious Information

Church Attending: _____ Pastor: _____

Address: _____ Phone: _____

Summary of religious convictions: _____

Scholastic Information

School last

Attended: _____ Address: _____

Has student ever been evaluated by a Child Study Team? _____ Does the student have an IEP/ISP? _____

If yes, please give details:

Has student repeated a grade? _____ Explain: _____

Has student ever had any disciplinary difficulties? _____

If yes, please explain: _____

Parents, complete the following:

We desire our child to attend Ambassador Christian Academy because _____

Name & Address of person(s) financially responsible for student's account: _____

Signature: _____ Social Security # _____

Affirmation

“To the best of our knowledge, all of the following information and statements on this form are truthful and complete as we have submitted them.”

Signed: _____ Date: _____ Signed: _____ Date: _____
(parent or guardian) (parent or guardian)

Did a current ACA family refer you? Yes _____ No _____

If yes, name of family: _____