

AMBASSADOR CHRISTIAN ACADEMY

700 Main Street
Toms River, NJ 08753

Application for Admission

Office Use: Date Received _____

Student Information

Student's Name: _____ Sex: M F

Address: _____ Zip: _____ Tel. _____

Birth- Birth- Age as of Grade
Date Place: next Oct. 1 Entering _____

Parent/Guardian with whom the student lives: _____

Family Information

Father's Mother's
Name: Name: _____

Address: _____ Address: _____

Position & Position &
Employer: Employer: _____

Business Phone: _____ Business Phone: _____

Cell Phone _____ Cell Phone _____

E-mail _____ E-mail _____

Parent's Martial Status: _____

Address of guardian with whom student lives if different from above:

Sibling(s)/DOB: / / /

School communications and student report cards will be sent to the parent/guardian listed with whom student resides. If school information needs to be sent to an additional person and address, please indicate below:

Send additional school reports to: _____

Address: _____

PREFERRED PAYMENT PLAN (please check 1)

FACTS 10 months automatic account debit **June-March** 1 payment **June**

FACTS 12 months automatic account debit **June-May**

Religious Information

Church Attending: _____

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

I have received a Parent Handbook and agree to abide by the policies stated therein.

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: _____
(parent or guardian)

Signed: _____ Date: _____
(parent or guardian)

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

If yes, name of family _____

Phone number for Emergency call system (1-411-411-4111). All phone numbers listed will be called and recalled until message is verbally answered (3 maximum):

_____.