



Ark City Christian Academy Student Admissions Application

Please list all students registering

Student's Full Name	M/F	Name Student Goes By	Date of Birth	Grade	Social Security #

Student(s) lives with: _____ Parent Status: Married Divorced Separated Single Remarried
(Circle One)

Person(s) *not* permitted to pick up children _____

This information needs to be completed by the custodial parent (**duplicate entries are unnecessary**).

_____ Father/Guardian LAST NAME / First Name / M.I.	_____ Mother/Guardian LAST NAME / First Name / M.I.
Title: _____ HOME PHONE _____ (Mr. / Dr. / etc.)	Title: _____ HOME PHONE _____ (Mrs. / Ms. / Dr./ etc.)
e-mail address: _____	e-mail address: _____
Soc. Sec.# _____	Soc.Sec.# _____
Address _____	Address _____
City/State _____ Zip _____	City/State _____ Zip _____
Occupation _____	Occupation _____
Employer _____	Employer _____
Business Phone(_____) _____	Business Phone(_____) _____
Father's Church _____	Mother's Church _____
Pastor's Name _____	Pastor's Name _____
Emergency Contacts:	
_____ Phone: _____	_____ Phone: _____
Please list any additional email addresses (such as grandparent or student) that you would like to receive school communication at:	



Ark City Christian Academy
Emergency Medical Release (front)
and
Student Health Information (back)

This form must be up-dated and returned to Ark City Christian Academy each year!

Student Name: _____ Birthdate: _____ Grade: _____

I/we give permission for my child to participate in all school sponsored activities and absolve the school from liability to me or my child because of injury to my child at school or during any school activity.

I/we agree to hold harmless **Ark City Christian Academy, Inc.**, its affiliated organizations, employees, agents, and representatives, including volunteer and other drivers, from any and all claims arising from my child's participation. This release agreement does not apply to claims of intentional (criminal) misconduct or gross negligence by the school, its employees, or volunteers. If such circumstances are proved in a court of law, I/we acknowledge and agree that the school can assume no financial liability beyond its actual liability insurance policy in force.

In case of accident, illness, or other emergency, I/we request that the school contact me. If the school cannot reach a parent/guardian after conscientious effort, I/we give permission for the school staff to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I/we give permission for school staff to call paramedics immediately and then contact me/us as soon as possible thereafter. If transportation by ambulance is required, the school may obtain this service. The school does not assume responsibility for the payment of hospital, doctor, or ambulance fees.

I/we the undersigned parent/guardian of the above mentioned minor, authorize and consent to any X-ray examination, anesthetic, medical dental or surgical diagnosis or treatment, and hospital services which, in the best judgment of a licensed physician or dentist licensed by the state, is deemed advisable that may be rendered to said minor under the general, specific, or special consent of an acting agent of the school, the temporary Custodian of the minor, whether such diagnosis or treatment is rendered at the office of any physician or dentist, or at a hospital licensed by the state. We further authorize said physician or dentist to exercise his/their discretion in authorizing the disposal of any severed tissues or member. I/we agree to assume the financial responsibility for expenses incurred as a result of those services being provided. I/we also agree to be financially responsible for emergency medical transportation.

It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to encourage those persons having temporary custody of the minor, and said physician or dentist to exercise his/their best judgment as to the requirements of such diagnosis or medical or dental or surgical treatment.

Father/Guardian's Signature and Date

Mother/Guardian's Signature and Date

Name Printed: _____

Name Printed: _____

(If the child lives with both parents, the release must be signed by both parent/guardians.)

Physician: _____

Phone: _____

Dentist: _____

Phone: _____

Health Insurance Carrier: _____

Policy #: _____

Under the name of: _____

Relationship: _____

Allergies (including reactions to medications): _____

Medication being taken: _____

Preferred hospital: _____

Date of last tetanus shot: _____

Student's home phone: _____

Student's home address: _____

Father's work phone: _____ Cell phone: _____ Pager: _____

Mother's work phone: _____ Cell phone: _____ Pager: _____

In case of emergency, who is your nearest relative or neighbor we should contact if we are unable to contact you at home or work?

Name: _____ Relationship: _____ Phone: _____

Please Print Neatly Or Type

Student's Name: _____ Date of Birth ____/____/____ Phone: _____

Address: _____ S.S.#: _____ Grade: _____

Gender: _____M _____F

Indicate your child's past/present disease(s):

Heart Disease Tuberculosis Asthma German Measles
 Diabetes Epilepsy Chicken Pox Mumps
 Rheumatic Fever Old Fashioned Measles Other

Is your child on any medication? Yes No Please indicate reason.

Does student have a physical handicap? Yes No Has student ever had a convulsion? Yes No

Explain: _____ Explain: _____

Describe student's special eating needs if any: _____

Does student have any allergies? Yes No List allergies: (food, environmental or medication)

Would you say the student is very active average quiet

Please state any health problems, irregularities, information or concerns you wish the school to know.

If participating in ACCA sports are there any physical reasons you know of why your child should not participate? _____ yes _____ no If so Why? _____

Physical Activity: Limitations? Yes No If your child has limitations, please send a note from your physician to the school.



Student Records Release Request

Ark City Christian Academy, Inc.
 P.O. Box 1181
 (620) 442-0022

e-mail: schooloffice@accaschool.org

Dear Registrar:

The following student(s) have applied for admission at Ark City Christian Academy, Inc. Please release records to the receiving school.

_____Academic transcript(Individual Education Plan) _____Health/Immunization

_____Copy of birth certificate _____Attendance records

_____Any relevant information or records _____ Percentages at time of withdrawal

STUDENT NAME	AGE	DATE-OF BIRTH

RELEASING SCHOOL

 SCHOOL

 ADDRESS

 CITY STATE ZIP

 FAX

 Parent / Legal Guardian Signature

_____/_____/_____
 Date

RECEIVING SCHOOL

Ark City Christian Academy, Inc.
 P.O. Box 1181
 Arkansas City, KS 67005
 fax: 442-0022

 Signature From Receiving School



Ark City Christian Academy

Ark City Christian Academy
P.O. Box 1181
901 N. 5th Street
Arkansas City, KS 67005
620-442-0022
e-mail:schooloffice@accaschool.org
Personal Reference Recommendation

PARENTS OF APPLICANT: Please fill in the information requested in this box.
Student Name: _____ Age: _____ Grade: _____
Address: _____ City: _____ ST: _____ Zip: _____
Parents/Legal Guardian: _____ Phone: () _____ - _____

The above student is making application to attend Ark City Christian Academy, Inc.. A requirement for admissions to this school is to provide two personal references and one reference from a pastor or church leader. Ark City Christian Academy does not deny admissions based solely on the personal references given. However, they are taken into consideration in the overall view of the student's request for admissions. We would appreciate your assistance in helping us to evaluate the spiritual commitment of this family and student. Please be honest in giving a true representation of the character, personality, spiritual characteristics, and knowledge you have of this applicant. Should you have any questions concerning this reference information please call or write to the above address. Please attach an additional sheet if needed. This form will be held in strict confidence. Thank you.

To your knowledge:
Does the father attend church regularly? _____ Yes _____ No
Does the mother attend church regularly? _____ Yes _____ No
Does the applicant attend church regularly? _____ Yes _____ No

How long have you known the above family and applicant? () 1 year or less; () 2-3 years; () 4-6 years; () more than 6 years

How well do you know the applicant: () by name/sight () fairly well/numerous contacts
(check one) () casually/few personal contacts () very close friends of the family

To your knowledge, have the parents and the applicant made a meaningful personal commitment to Jesus Christ:
Father () Yes () No () Don't know
Mother () Yes () No () Don't know
Applicant () Yes () No () Don't know

Please check the terms which best describe the applicant's overall attitude and toward the things of God.
() Warmhearted () Sympathetic () Passive () Enthusiastic () Respectful
() Contemptuous () Loving () Tolerant () Critical

Do you believe that this family has sought out A.C.C.A. as a result of their commitment to a Christ-centered education? _____ Yes
_____ No _____ Uncertain

In your opinion, who is the spiritual head of this household? _____

Please state any other information you feel would be helpful to us in determining admissions for this family/student.

On the basis of your comments, this applicant is:
() Highly recommended () Recommended () Recommended with reservations () Not recommended

Signature of Reference _____ Date ____/____/____



Ark City Christian Academy

Ark City Christian Academy
P.O. Box 1181
901 N. 5th Street
Arkansas City, KS 67005
620-442-0022
e-mail:schooloffice@accaschool.org
Personal Reference Recommendation

PARENTS OF APPLICANT: Please fill in the information requested in this box.
Student Name: _____ Age: _____ Grade: _____
Address: _____ City: _____ ST: _____ Zip: _____
Parents/ Legal Guardian: _____ Phone: () _____

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Signature of Reference _____ Date ____/____/____



ACCA Sports Registration

Grades 5-12

Please submit a physical form signed by a doctor with the registration form.

Student's name _____ Male ___ Female ___

Address _____

Date of birth _____ Current grade _____

Father's Name _____ phone _____

Mother's Name _____ phone _____

Parent email _____

Additional email _____

Check all that apply

Fall soccer _____ (\$35 fee)(7-12 only)

Fall Volleyball _____ (\$35 fee)(girls only) (Grades 5-8)

Basketball _____ (\$35 fee)(Grades 5-8)

Parents-are you willing to help coach? Yes _____ No _____ maybe _____

Parent signature _____

*Note: If student is not enrolled at ACCA, he/she must be a homeschool student.

What is the name of the homeschool? _____

List any high school age siblings who are also enrolled in homeschool.



Ark City Christian Academy

Volunteer Driver Application

P.O. Box 1181, 901 N, 5th Street
Arkansas City, KS 67005
(620) 442-0022, e-mail: schooloffice@accaschool.org

We often need help transporting students on field trips and to sporting events. Please fill out the form and return it with copies of your driver's license and current insurance card. A new driver application must be filled out each year.

Volunteer Driver Information

Name: _____ Driver's License #: _____

Phone: _____ Cell Phone _____

Address: _____

Car Model/Yr: _____ Number of working seat belts _____ License plate # _____

2nd Car Model/Yr: _____ Number of working seat belts: _____ License Plate # _____

Insurance Co. _____ Policy #: (car 1) _____ (car 2) _____

Yes _____ No _____

Are you licensed to drive a commercial vehicle?

Yes _____ No _____

Have you been in an accident in the last three years? If Yes, please describe accident on another sheet of paper and attach.

Yes _____ No _____

Have you been ticketed for moving violations within the last three years? If Yes, please describe infractions on another sheet of paper and attach.

Yes _____ No _____

Have you been convicted for DWI/DUI of alcohol or drugs, or had your license suspended for moving violations, hit and run, eluding an officer, reckless or negligent operation of a vehicle, or driving while under suspension or revocation?

Requirements for Volunteer Drivers

I certify that for the _____ school year:

*I possess a valid _____ (state) driver's license. Please attach a copy along with copy of current car insurance.

*I understand that in case of any type of accident, injury, or vehicle damage, the school's liability insurance policy does not provide primary or direct insurance on my vehicle. The school's insurance will take effect only after my personal auto insurance limits are exhausted. (Note: this is the only coverage that most nonprofit organizations can provide because of the impossibility of their affording or even obtaining primary or direct coverage on the vehicles of volunteer drivers)

*I will advise the school of any change in information provided on this form including, but not limited to, involvement in a car accident in which I am cited, any citations for moving violations, nonrenewal of license, termination of license, change of insurance company, termination of insurance or change in vehicle.

*Students riding in my vehicle will be seated and secured with working seatbelts.

*To my knowledge, my vehicle is in safe operating condition.

*I will follow any instructions for driver's /chaperones for the trip.

Signature of Driver: _____ Date: _____



Ark City Christian Academy

P.O. Box 1181
901 N. 5th Street
Arkansas City, KS 67005
620-442-0022
Parental Commitment

In signing this commitment form, we acknowledge the following:

- a) Our/My personal acceptance of and commitment to Jesus Christ as Savior and Lord.
- b) Our commitment to participate in the Christian education of our son or daughter with regular attendance at a Bible-believing church as a family and by exemplifying Christian principles of life in our home.
- c) Our agreement to the Statement of Faith of Ark City Christian Academy, Inc.
- d) Our commitment to the policies of Ark City Christian Academy, Inc.
- e) Our commitment to give to Ark City Christian Academy, Inc. beyond tuition *as God leads and enables*. (Understanding that our tithe is to be given to our church and not ACCA)
- f) Our commitment to pledge our fullest cooperation to keep doctrinal controversy and denominationalism out of the school at all times. (Romans 13:8-10; 1 Corinthians 12:12-14; 13:1-3; Galatians 5:13-15; 25, 26; Ephesians 4:1-7).
- g) Our commitment to attend all the parent/support group meetings (i.e. PTF) and lend our support to the program.
- h) We agree to come to the school immediately (leaving work if required) and take care of any major discipline problems that arise with our child/ren.
- i) We understand, agree, and have read the discipline procedures of Ark City Christian Academy, Inc.
- j) Our commitment to agree with any policy or policy implementation. If we disagree with any set or implemented policy, we will in no case complain to any other party. In the spirit of meekness and unity we will register our concerns with the teacher, principal, or administrator involved (Matthew 18).
- k) Our commitment to pay the tuition either annually, semi-annually, quarterly, or monthly to Ark City Christian Academy, Inc.. If we choose to pay semi-annually, or quarterly and are unable to pay on the date established, we understand we will notify Ark City Christian Academy Business Office at 442-0022 a minimum of five business days before the established date or Ark City Christian Academy will assess a service charge of \$25.00 to our account. After 60 days, past due accounts will be charged a 1½% fee monthly up to 18% annually.
- l) We further agree to the following financial policy on early or late withdrawal or late entry.
 - 1) EARLY WITHDRAWAL: Student withdrawals are figured on the basis of teacher contract days. The student's account will be billed for the tuition and any related fees prorated to the end of the withdrawal month. Each student's book fee will be paid in full. Registration fees are non-refundable.
 - 2) LATE ENTRY: Students entering after the first official day of school are assessed tuition and related fees based on actual teacher contract days remaining from the beginning of the entry month. The facility fee must be paid in full as well as the registration fee.
- m) We realize that all academic credits will be held until **all accounts** are current or paid in full. Transcripts will not be transferred if money is due Ark City Christian Academy, Inc.,
- n) Senior transcripts will not be released to any college unless their account is current or cleared.

SIGNATURE OF COMMITMENT: _____ /_____/_____
Father/Guardian Date

SIGNATURE OF COMMITMENT: _____ /_____/_____
Mother/Guardian Date