



**FAMILY'S CHURCH**

Church Name \_\_\_\_\_ Number of years attended \_\_\_\_\_

Church Address \_\_\_\_\_

Please check all that apply:

- Applicant attends church regularly
- Applicant belongs to the church's youth group
- Parents attend church regularly
- Applicant attends Sunday School

**STUDENT PROFILE**

Schools attended, including preschool

Dates \_\_\_\_\_ Grades \_\_\_\_\_ School Name \_\_\_\_\_

Complete School Address \_\_\_\_\_

Dates \_\_\_\_\_ Grades \_\_\_\_\_ School Name \_\_\_\_\_

Complete School Address \_\_\_\_\_

Dates \_\_\_\_\_ Grades \_\_\_\_\_ School Name \_\_\_\_\_

Complete School Address \_\_\_\_\_

Dates \_\_\_\_\_ Grades \_\_\_\_\_ School Name \_\_\_\_\_

Complete School Address \_\_\_\_\_

Do you intend for the applicant to graduate from ACA? \_\_\_ No \_\_\_ Yes \_\_\_ Uncertain

Has the applicant ever been dismissed or suspended by a school? \_\_\_ No \_\_\_ Yes \_\_\_ Uncertain

*Asheville Christian Academy desires to accommodate the learning needs of its students and offers a variety of services through our Programs for Academic Support and Success (P.A.S.S.). So we may be aware of any potential needs, please answer each of the following questions.*

1. Has the applicant ever been tested or screened for the following?
  - o A reading, language or learning difficulty?  No  Yes\*
  - o A behavioral difficulty (i.e. ADD, ADHD, etc.)?  No  Yes\*
2. Has the student ever been diagnosed with a reading, language, learning or behavioral difficulty?  No  Yes\*
3. Has the student ever been enrolled in a special education program or special services (i.e. resource room, L.D., A.D.D., etc.)?  No  Yes\*
4. Does the applicant regularly require any medication?  No  Yes\*

\* A supplemental form requesting additional information will be forwarded to you.

**REFERENCES** Please note information for the following references

1. Your Church Pastor:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Church Address \_\_\_\_\_

2. A Pastor or Church Leader who knows your family well:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

3. A family friend (preferably an ACA family; do not list a relative):

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**TO PARENT(S) / GUARDIAN(S)**

Please consider the following excerpt from Asheville Christian Academy's *Philosophy of Christian Education*:

*"Asheville Christian Academy seeks to minister to the intellectual, physical, spiritual and social needs of its students (Luke 2:52). Recognizing that the primary responsibility for the education of children rests with their parents (Eph. 6:4), the school seeks to work closely with the Christian home to inculcate in students standards for life and learning that are consistent with the Scriptures and which result in Christ-like character. Its purpose is to provide a day school program for boys and girls from the local Christian community. Due to its biblical distinctives, the Academy will enroll only families who are professing Christians and whose lifestyle testifies to a serious commitment to the Christian faith (Deut. 4:9-10). In fact, the Academy expects each family to outwardly manifest a commitment to Christ through its personal and family practices and standards (Prov. 4:20-27; Col 3:1-4)."*

Please share how you first learned about ACA: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Which two factors most influenced you to apply to ACA (please check only two):

- |  |  |
|--|--|
| <input type="checkbox"/> Location                              | <input type="checkbox"/> Christian philosophy  |
| <input type="checkbox"/> Desire to attend a private school     | <input type="checkbox"/> Recommendation of ACA family (please note which one most impacted your decision to apply) _____ |
| <input type="checkbox"/> Strength of extra-curricular programs | _____  |
| <input type="checkbox"/> Displeasure with the public schools   |  |
| <input type="checkbox"/> Academic reputation                   |  |

Please fully state why you want to enroll this student at ACA: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please give your definition of Christian Education: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe what you believe about Jesus Christ and how these beliefs affect your life: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HOME AND SCHOOL COMMITMENT** *Please carefully read and respond to the following*

- A. **I UNDERSTAND** that ACA will teach and base its teachings on the understanding that the Bible is the inspired Word of God, that it is without error, and that it is our guide for all facets of life.
- B. **I UNDERSTAND** that my child(ren) will be taught that salvation and a relationship with God comes only through individual faith in the person and work of Jesus Christ. ACA students will be instructed and encouraged to live for Christ in their thoughts, conversations and actions.
- C. **I UNDERSTAND** that my child(ren) will be encouraged to participate regularly in Bible reading, study and prayer.
- D. **I COMMIT** to making weekly worship and biblical instruction a sacred commitment in my family.
- E. **I COMMIT** to upholding a biblical view of marriage between one man and one woman. I additionally affirm a biblical view of sexuality that forbids cohabitation with anyone except between a husband and a wife whose marriage is legally recognized by both civil and church authorities.
- F. **I UNDERSTAND** that ACA's mission originates and extends from the Christian home and that reporting and communicating in mutual accountability will characterize the home-school relationship.
- G. **I UNDERSTAND** the need for home and school to work together in a common goal of nurture and education.
- H. **I UNDERSTAND** that ACA has full discretion in the discipline of my child(ren) within the bounds of the discipline policies set forth in the ACA Student Handbooks (available online at [www.ACAcademy.org](http://www.ACAcademy.org)).
- I. **I UNDERSTAND** that ACA reserves the right to refuse any application at any time, if it is determined by the school administration that the applicant is not suited to the program offered by the school. ACA further reserves the right to dismiss any student whose academic performance or whose conduct does not meet the standards set forth in the ACA Student Handbooks (available online at [www.ACAcademy.org](http://www.ACAcademy.org)).
- J. **I AGREE** to support the school, to the best of my ability, in faithful prayer for the kingdom work of the school, and in offering of practical help and resources to the school.
- K. **I AGREE** to support the spiritual, academic, moral, dress and discipline standards of ACA, as set forth in the policies found in the ACA Student Handbooks (available online at [www.ACAcademy.org](http://www.ACAcademy.org)).
- L. **I AGREE** to allow my child(ren) to participate in all required field trips and school activities during the school year.

***My signature indicates that I have read, accepted and will support each statement of the Home and School Commitment Guidelines as noted above and in the ACA Student Handbook, and it verifies the accuracy of all other information provided on this document:***

\_\_\_\_\_  
Father/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother/Guardian Signature

\_\_\_\_\_  
Date

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***Asheville Christian Academy admits students of any race, color, national and ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration or its education policies, admissions policies, scholarship programs and athletic and other school-administered programs.***

★ Father \_\_\_\_\_  
 ★ Mother \_\_\_\_\_  
 ★ Child \_\_\_\_\_  
 Birthdate \_\_\_\_\_  
 Age as of 08-31 (yrs/mnth) \_\_\_\_\_  
 ★ Sibling \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Sibling \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Sibling \_\_\_\_\_ Birthdate \_\_\_\_\_

*Children must be at least 5 years by 8-31*

**Kindergarten Meets**  
**Monday – Friday**  
 8:15 a.m. – 3:00 p.m.

★ How did you first learn about ACA's Kindergarten program? \_\_\_\_\_  
 \_\_\_\_\_

★ Has your child been involved in any of the following (check all that apply, noting where and how long):

- ☺ Preschool \_\_\_\_\_
- ☺ Mother's Morning Out \_\_\_\_\_
- ☺ Daycare \_\_\_\_\_
- ☺ Other organized program \_\_\_\_\_

★ Are there any allergies or physical concerns that might affect your child's behavior at school?

- ☺ No
- ☺ Yes (please explain): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Please check 3-4 characteristics that best describe your child*

★ Please share any other information that might be helpful to the teacher as she works with your child:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- ☺ Aggressive
- ☺ Cooperative
- ☺ Creative
- ☺ Demanding
- ☺ Easy Going
- ☺ Happy
- ☺ Impulsive
- ☺ Independent
- ☺ Mannerly
- ☺ Obedient
- ☺ Sensitive
- ☺ Shy
- ☺ Strong-willed