



Student Application

ACTSchools, Inc.
P.O. Box 405
Greenville, KY 42345

Student Information

Student's Name: _____
Last First Middle

Birthdate: _____ Age: _____ Social Security #: _____ Shirt Size: _____
month/day/year

2016-2017 Grade: _____ (K- age 5 by Oct. 1) Interested in Extended Care Program? YES NO

Residential Address: _____
Street City State Zip

Mailing Address (if different): _____
PO Box City State Zip

Name/City of Church family attends: _____
Church City

Ethnicity (if bi-racial or multi-racial, please check all that apply):
 American Indian/Alaskan Native Asian or Pacific Islander Hispanic
 Black/African American, not Hispanic White, not of Hispanic origin

Education

School Presently or Last Attended: _____

Other schools previously attended: _____ Grade: _____ Year: _____

Other schools previously attended: _____ Grade: _____ Year: _____

Has this student been evaluated and/or approved for an Individual Education Plan? YES NO

If yes, please explain: _____

Has this student ever been suspended or dismissed at any school? YES NO

If yes, please explain: _____

What special interests does this student have? _____

Household Information (Primary Custodial Responsibilities)

1.

Parent/Guardian's Name: _____
Last First MI

Relationship to Student: _____ Are you a Christian? YES NO

Home Number: _____ Cell Number: _____ Work Number: _____

Email Address: _____

Employer Name: _____

2.

Parent/Guardian's Name: _____
Last First MI

Relationship to Student: _____ Are you a Christian? YES NO

Home Number: _____ Cell Number: _____ Work Number: _____

Email Address: _____

Employer Name: _____

Other Persons Living In Same Household

| Last Name | First Name | Age | Relationship to Student |
|-----------|------------|-----|-------------------------|
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Non-Household Information (Secondary Custodial Responsibilities, if applicable)

1.

Parent/Guardian's Name: _____
Last First MI

Relationship to Student: _____ Are you a Christian? YES NO

Residential Address: _____
Street City State Zip

Mailing Address (if different): _____
PO Box City State Zip

Home Number: _____ Cell Number: _____ Work Number: _____

Email Address: _____

Employer Name: _____

2.

Parent/Guardian's Name: _____
Last First MI

Relationship to Student: _____ Are you a Christian? YES NO

Home Number: _____ Cell Number: _____ Work Number: _____

Email Address: _____

Employer Name: _____

Emergency Contact Information

| Last Name | First Name | Phone Number | Relationship to Student |
|-----------|------------|--------------|-------------------------|
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***Please list any person(s) who is/are legally prohibited from contacting this student. Legal documentation will be required if student is accepted into the Christian Academy.

Signature Statement

"I assure that all information provided in the application is accurate and truthful."

Printed Name of Parent/Guardian: _____

Signature: _____

Date: _____

Notice of Nondiscriminatory Policy:

The Christian Academy of ACTSchools, Inc. admits students of any race, color, national and ethnic origin to all the 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 of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

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|------------------|----------------------------|------------|
| Office Use Only: | Application Fee Paid _____ | Date _____ |
|------------------|----------------------------|------------|