



P.O. Box 9147, Chandler Heights, Arizona 85127
Office: (480) 387-0902 Fax: (480) 452-0316
www.acaaz.org

Date Rec'd _____
Fee Paid _____
Check # _____

Student Enrollment Application

STUDENT INFORMATION

Student's Name _____
Last First Middle

Nickname/goes by _____ Date of Birth ____/____/____

Address _____ City _____ State _____ Zip Code _____

Home Phone (____) _____ Age _____ Gender Male Female

Grade Entering _____ Full Time Home School

PARENT (GUARDIAN) INFORMATION

Father/Step Father/ Guardian Name _____
(Circle One) Last First

Address (if different from student) _____

Home Phone (____) _____ Cell Phone (____) _____ Email _____

Employer _____ Work Phone (____) _____

Mother/Step Mom/Guardian Name _____
(Circle One) Last First

Address (if different from student) _____

Home Phone (____) _____ Cell Phone (____) _____ Email _____

Employer _____ Work Phone (____) _____

STUDENT LIVES WITH: Father & Mother Mother Father Mother & Stepfather
Father & Stepmother Other _____ Relationship _____

With whom does the student primarily reside? _____

Who has legal custody? _____

Previous School Attended _____

Does Student have a 504 Plan IEP MET? If so, please provide us with a copy.

Does student have an Empowerment Scholarship Account (ESA)? Yes No

Ambassador Christian Academy admits any students of any race, color, and national or ethnic origin.



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EMERGENCY CONTACT INFORMATION

The individuals named below have the authorization to pick up my child and can be reached during school hours at the numbers listed. Please list two or three people who can assume temporary care of your student if you cannot be reached. *Please do not list parents.*

1. Name _____ Relationship _____

Cell Phone (____) _____ Alternate Phone (____) _____

2. Name _____ Relationship _____

Cell Phone (____) _____ Alternate Phone (____) _____

List any individuals who SHOULD NOT pick up and/or have contact with your student:

EMERGENCY HEALTH INFORMATION

In case of serious accident or illness at school, your child will be sent to an emergency medical facility. The parents and/or guardians are responsible for all expenses.

Physician _____ Phone (____) _____

Known Allergies _____

Daily Medications _____

Other Pertinent Medical Information _____

My child may be given: Tylenol Ibuprofen Cough Drops Antacids (Tums) Please call parent first

BIRTH CERTIFICATE - The state of Arizona requires that Ambassador Christian Academy keep a copy of each student’s birth certificate as part of our student records. We will be glad to make a copy for you in the office.

IMMUNIZATION RECORD - State law requires a copy of your child’s immunization records to be kept in their file. Please provide us with an updated copy of your child’s immunization record.

FIELD TRIPS – Students of Ambassador Christian Academy will attend various field trips off-campus throughout the school year. Parents will be notified prior to each field trip with location and transportation information. If you would prefer that your child not attend a field trip, please contact the office. Field Trips for full-time students are a part of the annual tuition. Homeschool students pay for field trip participation.

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FINANCIAL AGREEMENT

Following is the definition and our expectations for the payment of tuition:

- Tuition is an **annual fee**, broken down into eleven monthly payments for your convenience. The first installment payment is due July 1st, and each month thereafter on the 1st day of the month.
- A late charge of \$25 will be assessed on your account for all payments received after the 10th of each month.
- A \$30 fee will be assessed on your account for any check returned to the school by the bank.
- Tuition payments are non-refundable. Tuition payments are due on the 1st of each month. If you need to withdraw your child after the month has started, tuition is still owed for the whole month. (Tuition will not be prorated). However, if you pay in advance and then withdraw your child, any monies received for FUTURE months not accrued are refundable.
- Families utilizing student tuition organizations (STO's): Upon depletion of scholarship funds you are responsible for all remaining tuition payments in a timely manner.
- Families utilizing empowerment scholarships (ESA's) will need to present the current card at the time of enrollment and will be charged quarterly.
- Families who are more than 90 days past due are subject to withdrawal from school. The Board of Directors will make the withdrawal decision based on a mandatory meeting with the family to give opportunity for an alternative solution for unique circumstances.

This document is understood to be legally binding and I/We have read and agree to comply with the above commitment.

Both Signatures Required.

Parent/Guardian _____ Date __/__/__
Printed Name Signature

Parent/Guardian _____ Date __/__/__
Printed Name Signature

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PARENTAL SUPPORT COMMITMENT

Christian education involves the whole person; therefore, it is desirable that all elements which bear on the education of a child be consistent and properly reinforce one another. Ambassador Christian Academy seeks to foster an environment that will challenge every student to consider their personal response to the claims of Jesus Christ. However, the school does not replace the training of the home or the church. All three should be in Biblical agreement for a truly well-rounded Christian education for the child.

We, _____, the parents of _____,
do hereby pledge our support of the following:

1. We commit to pray for Ambassador Christian Academy students and staff, and to be supportive of the school board, administration, faculty, and staff.
2. We agree that if our child should become involved in any trouble with other students in the school, we will in no case complain to any other parents, but in love of Christ and with prayer, register our complaints with the teacher or principal.
3. We understand that assessments will be made to cover damage to school property (including breakage of windows, abuse of books, etc.)
4. We pledge our fullest cooperation to keep doctrinal controversy and denominationalism out of Ambassador Christian Academy at all times.
5. Ambassador Christian Academy reserves the right to periodically review the behavior and academic progress of every student to determine their ability to benefit from the educational life at this school.
6. By signing this form, we are indicating our family's desire to be a part of Ambassador Christian Academy and our commitment to support the ideals and standards of this school.
7. We agree to read the Ambassador Christian Academy Student Handbook with our child(ren) and abide by its rules. Including, but not limited to dress code rules.
8. We agree to serve the school community in time, talents or treasure for at least 2 activities per semester.
9. We agree to take an active role in getting our student(s) to school on time as to not disrupt the classroom.
10. We agree that consistent attendance in school is a requirement for the student's success and agree to actively support the school's attendance rules.

Parent/Guardian _____ Date ___/___/___

Parent/Guardian _____ Date ___/___/___

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