



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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JUNIOR AND SENIOR ACADEMY STUDENT QUESTIONNAIRE

To be completed by student

Student's Name _____ Grade Entering _____

Has the applicant: (if any question requires a "yes" answer, please attach an explanation)

- Have you ever been asked to leave a previous school? YES NO
- Have you ever been retained in a grade? YES NO
- Have you ever been suspended from school? YES NO
- Have you ever been expelled from school? YES NO
- Have you attended more than one school in a year? YES NO
- Have you been involved with juvenile authorities? YES NO
- Have you had disciplinary problems at school? YES NO
- Have you used illegal drugs, alcohol, and tobacco? YES NO
- Do you require any daily medications? YES NO

Please circle the number which best represents your assessment of each area.

Positive Character

<u>Quality</u>	<u>Definition</u>	<u>Poor</u>				<u>Superior</u>
Diligence	Applying concerted effort & energy to tasks; vs laziness	1	2	3	4	5
Cooperativeness	A willingness to work together within agreed-upon guidelines; vs incorrigibility	1	2	3	4	5
Submission	A willingness to accept and obey those whom God has placed over us; vs defiance	1	2	3	4	5
Truthfulness	The quality of dealing with things as they truly are; vs deception	1	2	3	4	5
Love	The quality of seeking the highest good of others; vs selfishness	1	2	3	4	5
Cheerfulness	The quality of pleasantness or brightness, non-resentful; vs sullenness	1	2	3	4	5
Spiritual Hunger	The desire to learn about and be stimulated in one's walk with God; vs spiritual apathy	1	2	3	4	5
Meekness	Enduring wrong with patience and gentleness; vs anger	1	2	3	4	5
Acceptance of Others	Welcoming people warmly and openly, without exclusion; vs cliquishness	1	2	3	4	5
Commitment to Moral Purity	Placing a higher emphasis on what honors Christ, rather than how far I can go; vs worldliness	1	2	3	4	5
Teachable Spirit	A willingness to learn, grow and mature related to God's truth; vs arrogance	1	2	3	4	5
Respect	The quality of honoring and valuing oneself, as well as members of Ambassador Christian Academy community and its faculty; vs abusiveness	1	2	3	4	5

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JUNIOR AND SENIOR ACADEMY STUDENT QUESTIONNAIRE

Does the student attend church regularly? YES NO

Name of Church _____

Pastor's Name _____ Church Phone (____) _____

To be completed by student

Give your testimony and present relationship with Jesus Christ (25 words or more). If you are not a Christian, why do you want to attend Ambassador Christian Academy?

Two references are required for all junior high and senior high school students before an admissions decision can be reached. Please give the attached "Student Applicant Reference" to three people who can speak to your character and/or spiritual life. If you have a pastor or spiritual leader who can speak to your spiritual life/maturity, please include them as one of your references.

These forms may be mailed, emailed, or faxed to Ambassador Christian Academy



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STUDENT APPLICANT REFERENCE

(Name of Applicant) _____ has applied for admission to Ambassador Christian Academy. To assist us in making an appropriate selection of students and learn something about their needs before they come to us, we are seeking information from you concerning the above candidate.

Ambassador Christian Academy considers the information provided herein to be confidential. Please return this form via mail (see address above) or email to amy.crislip@acaaz.org.

How long have you known the applicant? _____

What is your relationship? Pastor Youth Pastor Discipleship Leader Friend Neighbor
Teacher Other _____

How well do you know the applicant? (not at all) 1 2 3 4 5 (very well)

To the best of your knowledge, does this person have an authentic, saving relationship with Jesus Christ? YES NO UNCERTAIN

His/her influence on others is: Outstanding/Positive Neutral Negative

The applicant is (check all that apply): Emotionally Stable Erratic Optimistic Pessimistic
Considerate of others Respectful to parents and elders

Have you ever had an occasion to doubt this applicant's honesty? YES NO

If yes, please explain _____

Have you ever known the applicant to use narcotics, tobacco, or alcoholic beverages or abuse any other substance? YES NO

What are the applicant's strong points/special abilities?

In what areas are improvements needed?

Would you recommend this student for admittance into Ambassador Christian Academy?

Recommend Do not recommend Recommend with reservations

Printed Name

Signature

What is the best way to contact you: _____

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