

Application for Admission



Application for Admission

Year of Proposed Entrance _____ Term: Fall Spring Requesting Financial Aid Yes No

Applying for Grade _____ Preferred Campus: Pleasant Valley Elementary NLR Elementary Secondary

Pre-K Options: Part-time Full-time Number of Days: Two Day Three Day Five Day

Applicant Information

First Name _____ Middle _____ Last _____

Address _____ City _____ State _____ Zip _____

Social Security Number _____ Date of Birth (M/D/Y) _____ Age _____

Applicant's E-mail Address _____ Present Grade _____ Present School _____

Male Female Student's Home Number _____ Student's Cell _____

Family Information

Father's Name _____

Home Address (if different from applicant's) _____

Telephone (if different from applicant's) _____

Employer _____ Job Title _____

Business Telephone _____ Business Fax _____

Cell Phone _____ Father's E-mail Address _____

Mother's Name _____

Home Address (if different from applicant's) _____

Telephone (if different from applicant's) _____

Employer _____ Job Title _____

Business Telephone _____ Business Fax _____

Cell Phone _____ Mother's E-mail Address _____

Check if appropriate: Father Deceased Parents Divorced Father Remarried
 Mother Deceased Parents Separated Mother Remarried

If parents are divorced or separated, who has legal custody of applicant? _____

Optional Information

Religious Affiliation _____ Name of Church _____

Ethnic Background: African-American Asian-American Hispanic/Latino Caucasian
 Middle Eastern Native-American Mixed Race Other

Applicant Education

Name of Current School _____ Dates of Attendance _____
 Address _____ City _____ State _____ Zip _____
 School Contact Person _____ Telephone _____

Previous Schools:

Name	Location	Dates of Attendance
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Name	Location	Dates of Attendance
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Brothers or Sisters (please indicate half and step relationship)

Name	Relationship	Age	Grade	<input type="checkbox"/> Yes <input type="checkbox"/> No Attend(ed) CAC	<input type="checkbox"/> Yes <input type="checkbox"/> No Applying to CAC
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No Attend(ed) CAC	<input type="checkbox"/> Yes <input type="checkbox"/> No Applying to CAC
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No Attend(ed) CAC	<input type="checkbox"/> Yes <input type="checkbox"/> No Applying to CAC
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No Attend(ed) CAC	<input type="checkbox"/> Yes <input type="checkbox"/> No Applying to CAC
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No Attend(ed) CAC	<input type="checkbox"/> Yes <input type="checkbox"/> No Applying to CAC

Emergency Contacts

Primary Emergency Contact's Name	Relationship to Student	Phone
_____	_____	_____
Secondary Emergency Contact's Name	Relationship to Student	Phone
_____	_____	_____
Secondary Emergency Contact's Name	Relationship to Student	Phone
_____	_____	_____

Central Arkansas Christian Schools, Inc. admits students of any race, color and national or ethnic origin. Also, in compliance with Title IX of the Educational Amendments of 1972, and section 504 of the Rehabilitation Act of 1973, CAC does not discriminate on the basis of sex or handicap in its educational programs, activities, or employment except where necessitated by specific religious tenets held by the institution and its controlling body.

Signature of Parent or Legal Guardian _____ Date _____