



*Truth Growth Impact*

## Enrollment Application 2016-2017

### STUDENT INFORMATION

<b>Student's Full Name</b>	Circle One: Male Female
<b>Address</b>	
<b>Student lives with</b>	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Both
<b>Date of Birth</b>	
<b>Current Grade Level</b>	
<b>School District of residence</b>	
<p>IRS Revenue procedure 75-50 requires schools to keep records on the racial composition of it student body, faculty, and administrative staff for each academic year. Please provide the school with your racial designation:</p> <p><input type="checkbox"/> White/Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Other</p>	

### FAMILY INFORMATION

	Mother	Father
<b>Name</b>		
<b>Address</b>		
<b>Home Phone</b>		
<b>Cell Phone</b>		
<b>Work Phone</b>		
<b>E-mail address</b>		
<b>Occupation</b>		
<b>Employer</b>		
<p><b>Who is financially responsible for the above named student?</b></p> <p><input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other: _____</p>		

	Maternal Grandparents	Paternal Grandparents
<b>Name(s)</b>		
<b>Address</b>		
<b>Home Phone</b>		

## CHURCH INFORMATION

<b>Church Name</b>	
<b>Denomination</b>	
<b>Address</b>	
<b>Phone Number</b>	
<b>Pastor's Name</b>	
<b>Do you attend regularly?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Semi-weekly <input type="checkbox"/> Monthly

## ADMISSION INFORMATION

<b>Grade student will enter at ACA</b>	
<b>Name of school previously attended</b>	
<b>Has student repeated any grade?</b>	<input type="checkbox"/> Yes-please specify grade: _____ <input type="checkbox"/> No
<b>Does student currently have an IEP?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Please provide name and contact information of teacher completing educational reference</b>	

## CONFIDENTIAL INFORMATION

*If any answer is affirmative and there is not enough space to explain, please give complete details on a separate sheet of paper. An explanation may also be required from the doctor, former principal, or court.*

**YES NO**

- Does the applicant have any significant physical impairment? If so, what? \_\_\_\_\_
- Has the applicant been previously hospitalized? If so, for what? \_\_\_\_\_
- Is the applicant allergic to anything? If so, to what? \_\_\_\_\_
- Has the applicant had or does the applicant have any major diseases or illnesses? If so, please explain: \_\_\_\_\_
- Has the applicant had any operations? If so, please explain: \_\_\_\_\_
- Is the applicant under the care of a doctor? If so, for what reason? \_\_\_\_\_
- Has the applicant ever been treated for any nervous, mental, or emotional disorder, or seen a psychologist? If so, please explain: \_\_\_\_\_
- Has the applicant ever used illegal or dangerous drugs?
- Has the applicant ever used alcoholic beverages or tobacco?
- Has the applicant ever been expelled, disenrolled, or suspended by any school?
- Does the applicant have any physical, emotional, or mental handicaps which may affect activities or progress? If so, please explain: \_\_\_\_\_
- Has the applicant received any type of tutoring or therapy? If so, please explain: \_\_\_\_\_
- Does the applicant desire to attend ACA?  
Reason for leaving current school: \_\_\_\_\_