



American Christian School Application for Admission

PLEASE PRINT

Date: _____

Student's Name (Last): _____ First: _____ Middle: _____

Student's Social Security Number: _____ Male: _____ Female: _____ Birth Date: ____/____/____

Has student attended ACS previously? Yes _____ No _____ Entering Grade Level: _____

HOME INFORMATION: (WHERE STUDENT LIVES)

Title: (Circle) Mr. Mrs. Ms. Miss Dr. Rev.

Parent's First Name: _____ Middle Name: _____ Last Name: _____

Relationship to Student: Mother Father Guardian _____ Bill this parent? Yes No

Street: _____ City: _____ State: _____ Zip Code: _____

Occupation: _____ Employer's Name: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____

E-Mail Address: _____ Church Parent Attends: _____

Are you a Christian? Yes No Basis for answer _____

Marital Status: Married Separated Divorced Single

PARENT'S SPOUSE (LIVING AT THE ABOVE ADDRESS)

Title: (Circle) Mr. Mrs. Ms. Miss Dr. Rev.

Parent's First Name: _____ Middle Name: _____ Last Name: _____

Relationship to Student: Mother Stepmother Father Stepfather Guardian _____

Street: _____ City: _____ State: _____ Zip Code: _____

Occupation: _____ Employer's Name: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____

E-Mail Address: _____ Church Parent Attends: _____

Are you a Christian? Yes No Basis for answer _____

5888 W 20th Avenue, Hialeah, Florida 33016. 305.827.6544. Fax 305.827.6620 email: americhristian@hotmail.com

www.americanchristianschool.net American Christian School does not discriminate on the basis of race, gender or ethnic origin.

PARENT (NOT LIVING WITH STUDENT)

Title: (Circle) Mr. Mrs. Ms. Miss Dr. Rev.

Parent's First Name: _____ Middle Name: _____ Last Name: _____

Relationship to Student: Mother Father Guardian _____ Bill this parent? Yes No

Street: _____ City: _____ State: _____ Zip Code: _____

Occupation: _____ Employer's Name: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____

E-Mail Address: _____ Church Parent Attends: _____

Are you a Christian? Yes No Basis for answer _____

Marital Status: Married Separated Divorced Single

EMERGENCY CONTACTS WITH PERMISSION TO PICK UP MY STUDENT:

Name: _____ Relationship to Student: _____ Phone: (____) _____

Name: _____ Relationship to Student: _____ Phone: (____) _____

Name: _____ Relationship to Student: _____ Phone: (____) _____

STUDENT INFORMATION:

Church Student Attends: _____

Is the student a Christian? Yes No Basis for answer _____

Student's Country of Citizenship: _____ Country of Birth: _____

Student's U.S. Status: _____ Admission #: _____

Student Hobbies and Interests: _____

Student Honors and Awards Earned: _____

Brothers/Sisters attending ACS (names & ages) _____

Brothers/Sisters not attending ACS (names & ages) _____

SCHOOL INFORMATION:

Current School: _____

Current School Address: _____ City: _____ State: _____ Zip Code: _____

Other Previous Schools and Addresses: _____

Has the student failed a grade? Yes No If yes, which grade? _____

Has the student failed a subject? Yes No If yes, which subject? _____

Has the student been disciplined in school? Yes No

If yes, what disciplinary action was taken by the school? _____

Has the student ever been dismissed from a school? Yes No

If yes, which school and reason? _____

MEDICAL INFORMATION:

Doctor's Name: _____ Phone: (____) _____

Physical Disabilities (Allergies, Asthma, Epilepsy, etc): _____

Is your child taking any maintenance medications? Yes No If yes, please explain _____

I have read the school's Statement of Faith and agree to have my child(ren) taught it. I will cooperate and encourage my child(ren) to support and cooperate with the rules and regulations of American Christian School. I have received a copy of the Student/Parent Handbook.

Father's Signature Date

Mother's Signature Date

I, (the student) agree to abide by the rules of conduct and dress code.

Student's Signature Date

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