

AUCILLA CHRISTIAN ACADEMY ENROLLMENT APPLICATION

This application is for _____ (grade) beginning _____.

(If K3) FULL DAY _____ OR HALF DAY _____

STUDENT INFORMATION

Full Name: _____
(Last) (First) (Middle)

Address: _____
Street or PO Box Number

City, State, Zip, County

Age: _____ Gender: _____ Race: _____

Date of Birth: _____ SS # _____

Has student ever attended ACA? _____ If so, when? _____

Names of brothers & sisters in school: (name, school, grade)

MEDICAL INFORMATION

My child has my permission to take (please initial):
Tylenol _____, Ibuprofen _____, Tums _____, or Pepto Bismol _____ from the
Office, in proper dosages, without me being contacted.

Parent's Signature

Family Doctor: _____
Name Phone #

Emergency Contact (other than parent): Please limit to 2

Name Relationship Phone #

Name Relationship Phone #

Emergency Contact will be able to pick student up from school, grant permission for
Student to be checked out of school, and give input in serious medical situations.

Father or Guardian

Name: _____

Employer: _____

Work Phone: _____

Home Phone: _____

Mobile Phone: _____

E-Mail Address: _____

PLEASE CHECK HERE IF YOU WOULD LIKE TO RECEIVE INFORMATION BY EMAIL WITH THE
EXCEPTION OF GRADES.

Second Parent Information:

Name: _____

Address: _____

Legal Custody of Child: _____ Both Parents _____ Mother _____ Father _____ Other: _____
Student Lives With: _____ Both Parents _____ Mother _____ Father _____ Other: _____

In addition to emergency contact above, the following people may pick up my child from school or sign them out without my prior permission:
(Name and relationship)

BUSINESS OFFICE INFORMATION

Billing Name: _____

Address: _____
Street or PO Box Number

City, State, Zip, County

Do you want bus transportation? YES OR NO (PLEASE CIRCLE)

please list any ACA graduates in family:

RECORDS OFFICE INFORMATION

Previous School Attended:

School Mailing Address:

Has child ever been dismissed or suspended from a school? _____

Has child ever repeated a grade? _____ If yes, which one? _____

List special factors the school should be aware of (adoption, serious illness,
health problems, etc.)

Mother or Guardian

Name: _____

Employer: _____

Work Phone: _____

Home Phone: _____

Mobile Phone: _____

E-Mail Address: _____

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WITH THE EXCEPTION OF GRADES.

Phone Numbers: _____

E-Mail Address: _____

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WITH THE EXCEPTION OF GRADES.

In making application for the registration of my child, I understand and agree that:

1. **The school policy is to make no refunds of registration fees unless the application is not accepted.**
2. **When a child is enrolled and accepted, the parent assumes the responsibility to pay a minimum of a semester's tuition. Once a child starts second semester, then the full year's tuition is required. Parents of re-enrolled students will be responsible for a minimum of a semester's tuition if the student(s) is withdrawn, unless the school is notified by June 1st of the current school year.**
3. I will be responsible for and punctual in making regular tuition payments each month.
4. If an account becomes 60 days past due, the parent will be notified to bring account current or a child must be withdrawn.
5. The school administration has full responsibility in placing my child in the proper grade level.
6. My child may go on scheduled field trips.
7. The school has full discretion in the discipline of my child, including the use of corporal punishment.
8. The school reserves the right to dismiss any student who does not respect its standards or fails to cooperate in the education program.
9. The school has the right to expel or demand the immediate withdrawal of any student for possession, use and/or distribution of illegal drugs while on school property or under the supervision of school personnel on or off campus or during transport. The school reserves the right to request drug testing results be provided from random or group sampling, or on an individual basis due to suspicion established through just cause.
10. All students are expected to comply with bus regulations and policies. Failure to do so will result in disciplinary action.
11. The school reserves the right to carry out student locker search and/or personal search when such action is deemed necessary to the welfare of all students and the school.
12. I have read the ACA Parent Guide and Student Handbook. I understand and agree to the terms and conditions presented in said Handbook. (May be obtained in front office)
13. This Agreement will be construed under the laws of the State of Florida. Exclusive venue for any action arising under this Agreement shall be a court of competent jurisdiction in Jefferson County, Florida.
14. Should my account be placed in the hands of an attorney for collection, I understand and agree that I will pay all reasonable attorney's fees, court costs, and associated expenses and an interest rate in the amount of 18% per annum or 1.5% per month for all past due amounts due on my account.

Signature of parent or guardian

Signature of parent or guardian

Date

Date

Student Agreement (for students in 7-12)

I understand that my attendance at ACA signifies that I pledge to agreeably abide by all policies, requirements and rules set forth by the school as now and hereafter in effect.

Student signature

Date

FOR OFFICE USE ONLY

Application Rec'd: _____ Amt. Paid: \$ _____ Date: _____ Order of Student Enrollment: 1 2 3 4 5

Scheduled Interview: Date _____ Time _____ Tested: _____ Recommendations: Accept / Decline / Repeat Grade

Any conditions for acceptance _____ Admissions Score _____

Interviewers--Reason for decline _____

Revised 01/26/09

S://ENROLLMENTINFORMATION/FEESHEETANDENROLLMENTFORM