ARCADIA CHRISTIAN SCHOOL

1900 S. Santa Anita Avenue, Arcadia, CA 91006

APPLICATION FOR ADMISSION

$45 non-refundable application fee due with this application for K-8.

PUPIL INFORMATION:

Student:_____

PRINT LAST FIRST MIDDLE

Entering Grade: _____ Birthdate: _____ Sex: _____ Birthplace: _____

City State

MAILING INFORMATION:

Please indicate here the person or persons (parent or guardian) with whom the business or educational officials of the school should communicate in relation to this enrollment.

_____

Name(s)

_____

Address City Zip

_____ _____

Phone with Area Code Email address

SCHOOL INFORMATION OR BACKGROUND:

School last attended: _____

Address: _____

Number & Street City State Zip

Grade enrolled: _____ Phone ( ) _____

_____ Passed _____ Retained _____ Passed on condition _____ Past financial obligations met

FOR OFFICE USE ONLY:

K-8 APPLIC. FEE _____ CK # _____ PS-8 REG. FEE _____ CK # _____

TOUR _____ INTERVIEW _____ TESTING _____ BY _____

REG. PKT _____ CHURCH _____ BIRTHDAY _____

ACCEPTED: _____ YES _____ NO

List the schools attended by the child:

School Grades Year(s)

_____

_____

_____

_____

FAMILY INFORMATION:

Parent's Marital Status: _____

FATHER'S NAME: _____

First name Last name

Home Address: _____

Number & Street City Zip

Occupation: _____

Place of Employment: _____

Business Address: _____

Home Phone ( ) _____ Business Phone: ( ) _____

MOTHER'S NAME: _____

First name Last name

Home Address: _____

Number & Street City Zip

Occupation: _____

Place of Employment: _____

Business Address: _____

Home Phone: ( ) _____ Business Phone: ( ) _____

Legal Guardian if other than parents:

LEGAL GUARDIAN'S NAME: _____

First name Last name

Home Address: _____

Number & Street City Zip

Occupation: _____

Place of Employment: _____

Business Address: _____

Are there any custody issues the school needs to be informed of? _____ yes _____ no. If yes, please explain.

_____

_____

CHURCH INTERESTS

Name of church: _____Pastor: _____

Years of attendance: _____ Name of child's Sunday School teacher or Youth Group Leader: _____

Parents attend church worship service Regularly_____ Occasionally _____ None _____

Areas of involvement: Elder ____ Deacon ____ Teacher ____ Child Care ____ Choir ____ Adult Class/Bible Study ____

Other: _____

PERSONAL HISTORY – These items are for informational purposes so that we can effectively partner with families.

Does your child have any limitations which need attention so that normal progress in a regular classroom situation happens (i.e., tutoring, educational therapy, problems with vision, hearing, speech)?

_____

_____

Have medications ever been prescribed to assist your child with emotional, mental or physical control? If so, explain _____

_____

Has your child ever been suspended or expelled from a school or youth program? If so, explain _____

_____

Was your child ever passed on condition or retained at a grade level. _____ Yes _____ No

If yes, explain: _____

Please describe your child's involvement at church. _____

_____

Please list any other information which you feel would be helpful. _____

_____

Please list other siblings who are current or former students of Arcadia Christian School. _____

_____

BASIS OF INTEREST IN ARCADIA CHRISTIAN SCHOOL

Names of friends or relatives who now have children enrolled in Arcadia Christian School that you feel could recommend your child: (List two if possible)

_____

Name Relationship

_____

Name Relationship

State in full your reasons for desiring to send your child to Arcadia Christian School: _____

_____

_____

_____

Arcadia Christian School is operated on a non-discriminatory basis, and no child shall be excluded from enrollment on the basis of race, color, or national origin. We do reserve the right to screen applicants on the basis of religious preference as well as class balance.