



Alameda Christian School
ADMISSION APPLICATION FORM

Date: _____

Student Information List the students you wish to enroll:

Child's Name: _____ Applying for Grade _____
Last Name First Name Middle Name

Child's Name: _____ Applying for Grade _____
Last Name First Name Middle Name

Child's Name: _____ Applying for Grade _____
Last Name First Name Middle Name

Child lives with: (check as many as are applicable)
Father Mother Step-father Step-mother Legal Guardian Other _____

Student Address: _____ Home Phone: _____
City State Zip

Family Information

Father

Name: _____ Citizenship: _____

Address (if different than above): _____

City State Zip

Employer: _____ Occupation: _____

Work phone: _____ E-mail: _____

Home phone: _____ Cell phone: _____

Marital Status: Married Separated Divorced Remarried Widowed Single

If remarried, name of spouse: _____

Primary language: _____

Religious Affiliation: _____ Active participant? Yes No

Mother

Name: _____ Citizenship: _____

Address (if different than above): _____

City State Zip

Employer: _____ Occupation: _____

Work phone: _____ E-mail: _____

Home phone: _____ Cell phone: _____

Marital Status: Married Separated Divorced Remarried Widowed Single

If remarried, name of spouse: _____

Primary language: _____

Religious Affiliation: _____ Active participant? Yes No

OFFICE USE Date received _____ Reg. fee _____ Imm. Record _____ Report Card _____ Birth Cert _____ Achiev. Test _____
Interview Date _____ Time _____ by _____ Test date _____
Acceptance/ Denied letter _____ Start date _____ Comments _____

Church Information

At least one parent is expected to actively participate in the worship activities of a Bible believing church. Priority will be given to parents who are members of a Bible believing church.

Name of Church: _____ City _____

Address: _____

Denomination: _____

How long have you been attending? _____ Do you hold membership in this church? Yes No

In what church activities have you been involved? _____

Your child will receive daily religious instruction in the Bible. As the primary educator of your child / children, how will you support and encourage his or her growth and development of faith at home?

State your reasons for applying for admission to Alameda Christian School.

What are your expectations of Alameda Christian School?

What do you see as your role in your child's education?

What is the most important aspect of an elementary school curriculum for your child?

How did you first learn of Alameda Christian School? Telephone Directory Newspaper Ad Church bulletin

Website Friend or family member (name): _____

Did a current school family refer you to ACS? _____ If yes, please give name: _____

Name of relatives or friends who have attended ACS: _____

STATEMENT OF AGREEMENT

I (we) have read and accept the following statements and will abide by the policies of Alameda Christian School.

- All information provided on this application for admission is accurate to the best of my knowledge.
- Attendance at Alameda Christian School is a privilege. There is a nine-week probationary period for all new students. Continued enrollment is dependent upon academic progress, social adjustment, attitude, and influence on fellow students.
- I (we) have read the Alameda Christian School Statement of Faith, Mission, Purposes and Goals, and understand that these are the principles upon which classroom instruction is based.
- I (we) have read and understand the financial policies of the school and accept personal responsibility for all tuition and related fees.

SIGNATURE OF BOTH PARENTS OR GUARDIANS:

Name: _____ Date _____

Name: _____ Date _____

Please enclose the following:

- Copy of most recent report card (1st grade and older)
- Copy of most recent achievement test score (1st grade and older)
- Copy of birth certificate
- Copy of immunization record
- \$300 application fee

Please mail to **ALAMEDA CHRISTIAN SCHOOL**, 2226 Pacific Ave. Alameda, CA 94501

Once all items have been received, we will call to schedule an admission interview with the Principal.

Alameda Christian School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to student at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship program, and other school-administered programs.



Alameda Christian School
STUDENT APPLICATION FORM

Date: _____

Student Information (complete one form per student)

Name: (legal) _____ Nickname: _____
Last Name First Name Middle Name

Applying for Kindergarten Grade: _____

Date of Birth: ____/____/____ Age: ____ Sex: ____ Place of birth: _____ Citizenship: _____

Child lives with: (check as many as are applicable)

Father Mother Step-father Step-mother Legal Guardian Other _____

Ethnic Background (check one)

Native American or Alaskan Native African American/Black Asian Caucasian/White Hispanic
 Pacific Islander/Hawaiian Filipino

Primary language: _____

Current School: _____ Grades attended: _____

School's Address: _____
Street City Zip

Telephone: (____) _____ Reason for Leaving: _____

Has your child ever failed or been retained? Yes No If yes, explain and list the grade(s): _____

Has your child ever been suspended or expelled? Yes No If yes, explain and give the date(s): _____

How many days of school did your child miss last school year? _____

How does your child use his or her leisure time? _____

Does your child have any medical concerns / chronic conditions / disabilities? Yes No If yes, please describe: _____

Does your child take any medication on a regular basis? Yes No If yes, please give the name of the medication and reason for taking it. _____

Does your child have any learning difficulties or disabilities? Yes No If yes, please describe: _____

Please include the report of any evaluation / testing relative to this.



Alameda Christian School
ENROLLMENT FORM
 2011 – 2012

Student Information List the students you wish to enroll:

Last Name	First Name	Entering Grade (2011-2012 school year)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Billing Information Person accepting legal obligation for payment of tuition and fees. Please print clearly.

Last Name: _____ First Name: _____ Spouse _____
 Address: _____
 City: _____ Zip: _____
 Daytime phone: _____ Cell phone: _____
 E-mail address: _____

Extended Care

Please indicate if you plan to use Extended Care next school year. See Fee Schedule for current fees.

- Before school After school On a drop-in basis not at all

Tuition Payment Options

Payments for tuition, extended care and other fees are due on the first day of each month. Below are the three payment plans we offer. Please check the plan you desire to use:

- Pay in full on or before July 15, 2011. If you choose this option, you will receive a 2% discount on your tuition.
 Pay in 10 equal installments. The first is due August 1, 2011 and the last due on May 1, 2012.
 Pay in 12 equal installments. The first is due June 1, 2011 and the last due on May 1, 2012.

____ Please send me an application for Tuition Aid.

Comments: _____

Office use:
 tuition _____ disc _____ EC _____ Trip _____ TA _____ FR _____ total _____
 invoiced _____ payment amount _____ May _____ TPP _____ mail list _____ email/CC _____