



Alameda Christian School  
**ADMISSION APPLICATION FORM**  
 2017-2018

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

<b>OFFICE USE</b> 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?

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State your reasons for applying for admission and your expectations of the school.

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

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

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### HOW DID YOU HEAR ABOUT ACS?

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: \_\_\_\_\_



# STUDENT APPLICATION FORM

(complete one form per student)

Name: (legal) \_\_\_\_\_ Nickname: \_\_\_\_\_  
Last Name First Name Middle Name

Applying for  Transitional Kindergarten  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.

## PURPOSES AND GOALS

### It is our purpose to:

- Provide a Christ centered education for children of Christian parents.
- Testify to students and parents that God's Word is Truth and that all creation belongs to Him.
- Support and strengthen spiritual priorities of the home and church.
- Stimulate the joy of learning through academic excellence.
- Give proper attention to social growth and development.
- Provide experience for making moral choices regarding stewardship, social relationships, leisure time use and entertainment.
- Prepare student for Christian service by providing:
  - An academic community in which teaching and learning are highly esteemed.
  - A Christian community of parents, teachers and students in which the love of Jesus Christ is evident.
  - A commitment to excellence at all levels and in all subject areas.

### It is our goal that the student will:

- Know the Bible thoroughly and have a firm grasp of the essential teachings of Scripture.
- Recognize Jesus Christ as their Savior and Lord.
- Respect others, be willing to put the welfare of others first and be committed to serving others, as Christ's followers.
- Develop a keen moral sense in personal and public matters.
- Experience planning and organizing of individual and group projects.
- Master essential basic skills:
  - Reading fluently and with comprehension.
  - Writing clearly and confidently.
  - Speaking easily and correctly.
  - Calculating accurately and quickly.

## NON DISCRIMINATION POLICY

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.

## STATEMENT OF AGREEMENT

I/We have read and accept the following statements:

- 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 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.
- All information provided on this application for admission is accurate to the best of my knowledge.

Parent's/Guardian's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent's/Guardian's Signature: \_\_\_\_\_ 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
  - Enclose \$300 application fee
  - Mail to **ALAMEDA CHRISTIAN SCHOOL**, 2226 Pacific Ave., Alameda, CA 94501
- Once all items have been received, we will call to schedule an interview with the Principal.



# ENROLLMENT FORM

2017-2018

## STUDENT INFORMATION

List the students you wish to enroll:

Last Name	First Name	Entering Grade (2014-2015 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, 2017, or upon enrollment. 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, 2017 and the last due on May 1, 2018.
- Pay in 12 equal installments. The first is due June 1, 2017 and the last due on May 1, 2018.

\_\_\_\_\_ Please send me an application for Tuition Aid.

**Comments:** \_\_\_\_\_

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Office use:

tuition \_\_\_\_\_ disc \_\_\_\_\_ EC \_\_\_\_\_ Trip \_\_\_\_\_ TA \_\_\_\_\_ FR \_\_\_\_\_ total \_\_\_\_\_

invoiced \_\_\_\_\_ payment amount \_\_\_\_\_ May \_\_\_\_\_ TPP \_\_\_\_\_ mail list \_\_\_\_\_ email/CC \_\_\_\_\_