

Angels Christian Academy of Pompano Beach, Inc

APPLICATION FOR ADMISSION

Forms not completed will not be accepted.

ATTENDING SCHOOL: _____ ENTERING GRADE: _____

TODAY'S DATE: _____

STUDENT'S LEGAL NAME: _____

NICKNAME: _____

ADDRESS: _____

PHONE: _____

SOCIAL DATE OF BIRTH: _____ SECURITY NUMBER: _____

	NAME	ADDRESS	PHONE NUMBER
FATHER			
MOTHER			
LEGAL GUARDIAN			

MOM'S EMAIL _____

DAD'S EMAIL _____

	PLACE OF EMPLOYMENT	POSITION	PHONE NUMBER
FATHER			
MOTHER			
LEGAL GUARDIAN			

CHILD'S PHYSICIAN _____ PHONE _____

****IN THE EVENT OF A TRUE EMERGENCY, 911 WILL BE CONTACTED AND EMERGENCY PROCEDURES FOLLOWED****

OTHER PERSONS TO BE NOTIFIED IN CASE OF ILLNESS OR ACCIDENT and ARE PERMITTED TO REMOVE CHILD:

NAME	ADDRESS	PHONE NUMBER

ALLERGIES _____ FOOD PROBLEMS _____

ANY PHYSICAL PROBLEMS WE SHOULD BE AWARE OF? _____

MARITAL STATUS OF PARENTS: **(circle one)** MARRIED LIVING TOGETHER DO NOT LIVE TOGETHER DIVORCED

****IF DIVORCED, please describe custody and visitation agreement for the child. If custody is limited, you must provide custody papers.

*IS MOTHER PERMITTED TO REMOVE CHILD? YES NO	*IS FATHER PERMITTED TO REMOVE CHILD? YES NO
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OTHERS IN YOUR HOUSEHOLD:

NAME _____ AGE _____ RELATIONSHIP _____

NAME _____ AGE _____ RELATIONSHIP _____

HOW DID YOU HEAR ABOUT ANGELS CHRISTIAN ACADEMY? _____

NOTICE OF NONDISCRIMINATORY POLICY AS TO STUDENTS

ANGELS CHRISTIAN ACADEMY admits students of any race, color, nationality and ethnic origin to all rights, privileges, programs, and activities generally afforded or made available to students at the school. It does not discriminate on the basis of race, color, nationality and/or ethnic origin in the administration of its educational policies, admissions policies, and athletic and other school-administered programs.

Note: This application will not be processed without a \$150.00 non-refundable application processing fee; however, payment of this fee does not assure admission. Once all paperwork is returned and the enrollment steps are completed, eligible candidates will be contacted for a family interview. When the enrollment fee is paid, a space will be held for that student. Initially, acceptance is given on a provisional basis until records from the student's former school have been received and reviewed.

I affirm that all the information in this application is true and accurate to the best of my knowledge. I understand that providing false information or omission of pertinent information could be reason for rejection of the application or dismissal of my child from ANGELS CHRISTIAN ACADEMY. I also understand that I may be asked to provide additional written information.

Father/Guardian Signature _____ Date _____

Mother/Guardian Signature _____ Date _____

Make checks payable to ANGELS CHRISTIAN ACADEMY and return to: ANGELS CHRISTIAN ACADEMY, P.O. Box 1625, Pompano Beach, FL 33061. If you have any questions, please contact the office at (954)627-4464.