

ABINGTON CHRISTIAN ACADEMY

New Student Application

Academic Year _____

Applying for Grade _____

Student Name _____
Last First Middle

Preferred Name _____ Male Female

Home Address _____
Number Street Apartment Number

City State Zip Code

Date of Birth ____/____/____ With whom does the student live? _____

Parents are married separated divorced father deceased mother deceased single parent

FATHER OR MALE GUARDIAN

Name _____

Home Address _____

City _____ State ____ Zip _____

Home Telephone _____

Email Address _____

Profession/Position _____

Employer _____

Work Address _____

City _____ State ____ Zip _____

Work Phone _____

MOTHER OR FEMALE GUARDIAN

Name _____

Home Address _____

City _____ State ____ Zip _____

Home Telephone _____

Email Address _____

Profession/Position _____

Employer _____

Work Address _____

City _____ State ____ Zip _____

Work Phone _____

School district in which student resides _____ Transportation needed* Yes No

**No transportation is provided for PreK students. Kindergarten transportation varies by school district. Inquire for more information.*

School student last attended _____

Number Street City State Zip Code

Confessing or Practicing Christian? Father/Male Guardian Yes No Mother/Female Guardian Yes No

Church you attend _____ Member? Yes No

Church Name

Number Street City State Zip Code

Pastor _____ Church phone _____

Does your child need accommodations or help in any of the following areas? Please check all that apply.

- Tutoring
- Reading support
- Mathematics support
- Current IEP
- Physical limitations

If any areas are checked, please provide any additional information that you think would help us to understand your child.

Has your child ever failed a grade? No Yes If yes, please explain: _____

Has your child ever had disciplinary difficulties at school (e.g., been expelled, dismissed, suspended, or refused admission)? No Yes

If yes, please explain: _____

Please include any other information you think might be helpful for us to better understand your child: _____

REQUEST FOR TEXTBOOKS/MATERIALS

Pennsylvania makes available to students in private schools textbooks and certain instructional materials. Parents, guardians, or persons *in loco parentis* shall request the loan of such materials for their child’s use by placing a check in the box below. **Please complete before returning.**

I hereby request the loan of instructional materials and textbooks in accordance with Act 90 of 1975 and Act 195 of 1072 for my child attending Abington Christian Academy in Clarks Summit, Pennsylvania.

SCHOOL COMMITMENT

Each parent/guardian should initial each statement to indicate their commitment to support, contribute to, and participate in his/her child’s ongoing school program. If a parent/guardian cannot initial a statement, please provide an explanation below.

Father/ Guardian	Mother/ Guardian	Commitment Item
		I agree with the Abington Christian Academy Statement of Faith.
		I agree to pay established tuition and other fees when they are due, and I desire to give additional gifts when possible.
		I hereby give permission for ACA to use my child’s picture and to quote him/her in publications and for publicity purposes.
		I hereby give permission for ACA to administer minor first aid, emergency medical care, prescription medication, and nonprescription medication when necessary.
		I hereby give permission for my child to participate in school field trips and to be transported to and from field trips by administration, faculty members, school sanctioned chaperone or designated parent.

Reason item was not initialed: _____

I have read the materials furnished by Abington Christian Academy, and I am in agreement with its vision, mission, values and academic program. I will support the administration and the faculty in carrying out the school’s programs and regulations.

Father/Guardian Signature

Date

Mother/Guardian Signature

Date