



APPOMATTOX CHRISTIAN ACADEMY

A PAROCHIAL SCHOOL OF ST. ANDREW'S REFORMED EPISCOPAL CHURCH
FULFILLING THE COMMAND OF CHRIST:....DOCETE OMNES GENTES.... (TEACH YE ALL NATIONS)
1916 REDFIELDS ROAD, P.O. BOX 517 APPOMATTOX, VA 24522
434.352.7373 WWW.WEAREACA.ORG

Application for Admissions- Section I Family Information

Notice of nondiscriminatory policy as to students: Appomattox Christian Academy admits students of race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to administration of its educational policies, scholarship and loan programs, athletic and other school administered programs. In all other areas of evaluation the Academy reserves the right of non-disclosure of reasons for admission decisions. A decision of admission or non-admission may be retained in the permanent records of the Academy.

I acknowledge and I understand the above statement and formally request review for admission:

Parent/Guardian (*print name*)

Parent/Guardian (*signature and date*)

Instructions: Please complete section I for your family. Please complete Section II and III for each individual child. Leave all non-applicable items blank. Please feel free to attach any additional information you would like to share with the Academy pertaining to your family or you may choose to share during the interview.

Please list all children in the household, youngest to oldest. Circle the Entry Grade for each student:

1. **Full Name of child** _____ **Date of Birth** _____
Family Relationship _____ **Current Age** _____
Gender: male female **Circle Entry Grade Level:** PK K 1 2 3 4 5 6 7 8 9 10 11 12
2. **Full Name of child** _____ **Date of Birth** _____
Family Relationship _____ **Current Age** _____
Gender: male female **Circle Entry Grade Level:** PK K 1 2 3 4 5 6 7 8 9 10 11 12
3. **Full Name of child** _____ **Date of Birth** _____
Family Relationship _____ **Current Age** _____
Gender: male female **Circle Entry Grade Level:** PK K 1 2 3 4 5 6 7 8 9 10 11 12
4. **Full Name of child** _____ **Date of Birth** _____
Family Relationship _____ **Current Age** _____
Gender: male female **Circle Entry Grade Level:** PK K 1 2 3 4 5 6 7 8 9 10 11 12
5. **Full Name of child** _____ **Date of Birth** _____
Family Relationship _____ **Current Age** _____
Gender: male female **Circle Entry Grade Level:** PK K 1 2 3 4 5 6 7 8 9 10 11 12

Family Residence Address (Street Address): _____

City/State/Zip _____

Family Mailing Address (if different, i.e. PO Box): _____

City/State/Zip _____

Please describe family dynamics, such as who the child(ren) reside(s) with i.e. mother & father, grandparents, mother & step father, single parent- mother, single parent- father, legal guardian, foster parent, sibling, etc.

Head of Household: _____ **Relationship:** _____

Job Title _____ Place of Employment _____

Education (last grade completed) _____ Degree _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Parent/Other Guardian: _____ **Relationship:** _____

Job Title _____ Place of Employment _____

Education (last grade completed) _____ Degree _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Please check any of the following that have already occurred in the child's current or former home environment, or you suspect may have occurred:

Change of school (before enrollment at ACA)

Chronic health problems child family member

Family relocation or new home

Physical illness in the family _____

Loss of family home

Mental Illness in the family _____

Death in family or friend of the family

Physical abuse child or family member

Change of employment/layoff in the family

Sexual abuse child or family member

Separation/Divorce of parents or guardians

Psychological abuse child or family member

Alcoholism/ substance abuse in family

Traffic accident child or family member

Serious illness child or family member

Serious injury of child or family member

Separation from significant family member

Separation from significant non-family member

Family member on military deployment

Incarcerated parent/guardian family member

Have qualified for free or reduced lunch

Other _____

Please elaborate further and provide any information needed so we may best care for the child:

Statement of Understanding of Religious Requirements for enrolled students:

You understand that the Student(s), upon admission, will be instructed in the doctrines of the Christian Faith. You understand that the Student(s) will be required to attend services of divine worship according to the use of the church with which the school is affiliated and will be required to act with proper dignity during such services.

Family Church Membership:

My Family Attends: Church Name: _____

Address: _____

Pastor's Name: _____ Phone: _____

Our practicing denomination is _____

My family does not currently have a home church.

My family is interested in more information about St. Andrew's Reformed Episcopal Church.

Please share with us, why you want your family to be a part of Appomattox Christian Academy:

Appomattox Christian Academy thrives because of the families that share in the mission to provide a safe, nurturing well-ordered environment for its students. Volunteering your talents is very important for the continuation of this mission and required of all parents/guardians. What professional certifications, skills, talents or life experiences do members of the household possess that may be of benefit to the community and mission of the Academy?

I understand that the Academy is a Christian School and all faculty and staff must satisfy the integrity and moral requirements placed upon them by the Administration, School Board and St. Andrew's REC; however, there is no requirement that students or students' parents/guardians confess or practice as Christian believers. This means a student may have peers that are not Christian and are from non-Christian households. I also understand that all students are instructed in the Christian faith and are required to attend Chapel and other Christian events, no matter their religious preferences.

I agree upon submission of this application to pay a **non-refundable** application fee of \$125.00 to Appomattox Christian Academy. Upon acceptance and enrollment, this fee will then serve as a non-refundable registration fee.

I certify to the best of my knowledge, all statements and representations made herein or during an admission interview with the Head of School or his/her designee are true and complete. I further understand if at any time during enrollment, it is found that I have not been rightfully forthcoming, or I have willingly withheld information that could potentially jeopardize the mission of the Academy or endanger other students, faculty and staff, the enrolled student(s) may be suspended or expelled. I understand, in such a case, as per the contract, I may still be required to fulfill the obligations of the contract by paying tuition in full, as well as the cost of any damages which may incur because of my choice to withhold information.

I understand this document is an application only and is not a contract of enrollment.

By signing this document, I vouch all the information included in this application is truthful to the best of my knowledge and formally request consideration for enrollment of the attached students.

Print name

Signature

Date