Office use only:
Application fee received _____
Check # _____ / Cash / CC
Interview date: _____w/_____

ALAMANCE CHRISTIAN
PRESCHOOL

ADMISSIONS APPLICATION

AND GENERAL INTRODUCTORY INFORMATION

PO Box 838, 1336 Town Branch Road, Graham, NC 27253
336.578-0380 www.alamancechristianschool.org

Student Name _____

Applying for Grade _____ School Year _____

Has applicant previously applied to Alamance Christian School? ____YES ____ NO

If yes, did the student attend? _____ Years attended _____

Please fill out this application completely and accurately. If you have any questions, please contact the ACS Admissions Office.

Mission Statement: ACS is a community Christian school assisting Christian families through excellent academics, arts and athletics from a biblical worldview in a nurturing environment so that all students might reach their God-given potential.

Call 336.578.0318 today to arrange a tour of ACS with your promising student.

ACS does not discriminate on the basis of race, color, national or ethnic origin.

(Office Use Only) *A.* ☐ *D:* ☐ *WL:* ☐ *Acct.#* _____

*Date*_____ *Administrative Signature* _____

Student Start Date _____

Attach Photo

(Revised 12/112024)

Student Information Section

Return the completed application to the school along with **Student Health Form and Signed Statement of Faith**. Before completing this application, it is important that you as the parents understand the purpose of Alamance Christian School. Please read carefully:

The ACS preschool has been established as a help to parents as they prepare their child(ren) for their academic and spiritual future. Our goal is to prepare students to continue at Alamance Christian School which is a school for students who are serious about their academic studies and life objectives. ACS students should desire to conduct themselves in such a way as to please and honor the Lord Jesus Christ.

Those applying to ACS should be willing to cheerfully abide by the procedures of the school without being prodded, to engage in regular daily devotional reading, and to engage in those things that are true, honest, just, clean, pure, and of good report (Phil. 4:8). It is understood that the school may determine necessary disciplinary measures; and, if in its opinion, it concludes that any student's actions or attitudes are such as to indicate that he is not susceptible to the disciplines or objectives of the school, such student shall be subject to immediate dismissal.

Full Name:_____ Goes by: _____
(Last) (First) (Middle)

Address: _____ Date of Birth: _____

_____ Present Grade: _____ Gender: ☐ Male ☐ Female

What race do you identify with? (*Optional*) ☐American Indian/Alaska Native ☐Asian ☐Black/African American ☐Hawaiian/Pacific Islander ☐Unknown ☐White

Student's First Language: _____

Home phone: _____-_____-_____

Family Church Affiliation: _____ Pastor: _____

Church Phone: _____-_____-_____Church Address: _____

Is the *student* a member of this church? ___YES___NO *Father*: ___YES ___NO *Mother*: ___YES ___NO

Student Educational Information

Child Care Center in which you are presently enrolled:_____

Center Address: _____ Telephone: (___) _____

Does the student have a current 504 Plan or an IEP (Individualized Education Program)? ☐ YES ☐ NO

Parent/Legal Guardian Information

Father's Name: _____ E-mail: _____

Home address: _____ Marital Status: (check one)

_____ ☐ Married ☐ Widow ☐ Divorced

Home Phone: _____ ☐ Separated ☐ Remarried

Work Phone: _____ Spiritual Status: Have you personally received

Cell Phone: _____ Jesus Christ as your Savior? (check one)

Occupation: _____ Shift: 1st ___ 2nd ____ 3rd ____ ☐ YES ☐ NO

Employer: _____

Mother's Name: _____E-mail: _____

Home address: _____ Marital Status: (check one)

_____ ☐ Married ☐ Widow ☐ Divorced

Home Phone: _____ ☐ Separated ☐ Remarried

Work Phone: _____ Spiritual Status: Have you personally received

Cell Phone: _____ Jesus Christ as your Savior? (check one)

Occupation: _____ Shift: 1st ___ 2nd ____ 3rd ____ ☐ YES ☐ NO

Employer: _____

If parents are divorced or separated, please provide additional information and provide copies of custody papers if needed.

Who should receive correspondence from Alamance Christian School? _____

Primary E-mail: _____

Who has legal and primary custody of student: _____

Please check all that apply: Child lives with _____ Father _____ Mother

_____ Grandparents _____ Guardian

Who will be responsible for financial obligations? _____

Please give any additional custody information that would help us minister to your family.

_____

_____

General Information

Names of persons to whom your child may be released from school and their relationship to student:

Name: _____ Relationship: _____ Best Contact Number:_____-_____-_____

Name: _____ Relationship: _____ Best Contact Number:_____-_____-_____

Name: _____ Relationship: _____ Best Contact Number:_____-_____-_____

Name: _____ Relationship: _____ Best Contact Number:_____-_____-_____

Siblings, if any, at ACS: _____ Grade _____

_____ Grade _____

Health Care Needs: *For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan shall be attached to the application. The medical action plan must be completed by the child's parent or health care professional. Is there a medical action plan attached? Yes* ☐ *No* ☐

List any allergies and the symptoms and type of response required for allergic reactions. _____

_____

_____

List any health care needs or concerns, symptoms of and type of response for these health care needs or concerns.

_____

_____

List any fears or unique behavior characteristics the child has. _____

_____

_____

List any types of medication taken for health care needs. _____

Share any other information that has a direct bearing on assuring safe medical treatment for your child.

_____

_____

Emergency Medical Care Information:

Name of health care professional _____ Office Phone _____

Hospital Preference _____ Phone _____

I, as the parent/guardian, authorize the center to obtain medical attention for my child in an emergency. ACS, as a preschool operator, does agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. We will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian.

Signature of Parent/Guardian _____ Date _____

List chronologically other daycares and preschools attended:

Dates	Name and Address of School
_____	_____
_____	_____
_____	_____

Has the student ever been dismissed/expelled
☐ YES ☐ NO If yes, explain:

_____
_____
_____

Has the student ever been held back?
☐ YES ☐ NO If yes, explain:

_____
_____
_____

Why do you desire to enroll your child in ACS?

_____
_____
_____

References

1. Person (other than relative), firm or bank with whom you have had business dealings:
   Name / Address / Phone: _____/_____(____)_____
2. Childcare Director:
   Name / Address / Phone: _____/_____(____)_____
3. Pastor:
   Name / Address / Phone: _____/_____(____)_____
4. Child's Sunday School Teacher:
   Name / Address / Phone: _____/_____(____)_____

Note Carefully: In making this application, I understand that:

1. My child will go on scheduled field trips and other school activities.
2. I am committing the discipline of my child to those in charge while he is in school.
3. The administration has full responsibility for placing my child in the proper age group.
4. My cooperation is expected in:
   a. Regular tuition payment,
   b. Practical help,
   c. Faithful prayer, and
   d. Support of ACS procedures & disciplines in fact and spirit.
5. The school reserves the right to dismiss any student who does not respect its spiritual standards or cooperate in its educational endeavor.
6. I (we) have read, signed and attached the ACS Statement of Faith with this application.
7. Final acceptance of applicant is to be determined by the ACS Admissions Committee.

Signature of both parents/legal guardian is required:

Father: (print) _____

(signature)_____

Date: _____

Mother: (print) _____

(signature)_____

Date: _____

***Please attach a picture of the student. We also need a copy of the birth certificate for Preschool-1st gr.**

Pursuing Excellence and Transforming Lives Through Christ.

How did you learn about Alamance Christian School?

☐ Road Sign
☐ Church Announcement
☐ Website
☐ Social Media
☐ Current ACS Parent (Please specify)_____
☐ Other (Please specify) _____

A non-refundable application fee is to accompany this application. See financial sheet for details.