



**New Student Application 2018-19**

Student's name \_\_\_\_\_ Date of birth \_\_\_\_\_ Male/Female (circle one)  
(Last) (First) (Middle initial)

Home address \_\_\_\_\_  
Number & street City Zip code

Home phone \_\_\_\_\_ Student cell phone \_\_\_\_\_

Parent's primary email address \_\_\_\_\_

Previous school & address \_\_\_\_\_

Does the student have an IEP (Individual Education Plan) at the previous school? (circle one) Yes No

Present grade \_\_\_\_\_ Grades retained \_\_\_\_\_ Grade for which admission is being sought \_\_\_\_\_

Church affiliation \_\_\_\_\_ Pastor's name \_\_\_\_\_

Who will be responsible for tuition and fees? \_\_\_\_\_

\$100.00 application fee is to accompany this application. If your child is not accepted, this fee is refunded.

Mailing/billing address \_\_\_\_\_  
(If different from home address)

**TUITION PAYMENT PLAN** (choose one)

- \_\_\_\_\_ 10 Month – August - May
- \_\_\_\_\_ One payment – due on August 15th
- \_\_\_\_\_ Two payments – due August 15th and January 15th

Parents: (circle one) Married Separated or Divorced

**Father or Stepfather** with whom the student resides (circle one) **Mother or Stepmother** with whom the student resides (circle one)

Name (preferred) \_\_\_\_\_ Name (preferred) \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Work phone \_\_\_\_\_ Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Explain why you want your child to attend our school. \_\_\_\_\_  
\_\_\_\_\_

State how you heard of our school. \_\_\_\_\_

**Statement of Agreement:** Please sign the following statement after reading the Parent-Student Handbook.

Arrowhead Christian Academy is a ministry of Northwest Valley Baptist Church and exists to provide a Biblically-based, academically excellent education. The primary responsibility of education, discipleship, and discipline of children belongs to the parents, and the school is an extension of the home working with the parents to reach these common goals. It is important to understand that the school setting is different from the home due to the number of people. Control is conducive to good teaching and thus guidelines have been established in the Parent-Student Handbook for the good of the whole. The best prevention for misunderstandings is to read and fully understand the Parent-Student Handbook. If you have questions, please contact the teacher or administrator. We realize that rarely is the entire constituency of an organization in total harmony with all of the rules and policies of that organization. What we ask is that you, as parents, agree to the following:

I have completely read the Parent-Student Handbook and agree to instruct my child to abide by the rules and to cooperate with school personnel while enrolled in Arrowhead Christian Academy. If I do disagree, I will not voice it to my child, other students, or parents but will go to the teacher or administrator about my concern. I also understand that the acceptance or dismissal of a student for any reason is at the discretion of the administration. We give the school permission to use a photograph that contains an image of our child in its publications, yearbook or website/Facebook page; or we will contact the school if we do NOT grant permission. If you as a parent do not want an image of your child posted on the school's website, for example, simply contact the school and your child will be placed on a "no website photo list".

Parent's Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

**MEDICAL INFORMATION**

Student's name \_\_\_\_\_ General health: Excellent    Good    Poor

**Past diseases:**

Chicken pox; when? \_\_\_\_\_ Polio; when? \_\_\_\_\_  
Diphtheria; when? \_\_\_\_\_ Rheumatic fever; when? \_\_\_\_\_  
Measles; when? \_\_\_\_\_ Scarlet fever; when? \_\_\_\_\_  
Mumps; when? \_\_\_\_\_ Other; what/when? \_\_\_\_\_

**\*NEW STUDENTS: Please attach immunization records, or updates for current students**

**Physical difficulties:**

|                     |                       |                     |
|---------------------|-----------------------|---------------------|
| Allergies/Reactions | Hay fever             | Hernia              |
| Asthma              | Hearing difficulty    | Physical disability |
| Diabetes            | Heart condition       | Poor vision         |
| Dizziness/Fainting  | Hemophiliac (bleeder) | Seizures            |

Explain as needed: \_\_\_\_\_

**Prescriptions/Medication:**

Please complete *Prescriptions/Medication Forms* available in the office as needed throughout the year.

**BACK-UP CONTACTS:** Please list two people (i.e. relatives, neighbors, and friends) who we could contact in case of illness, injury, etc. in the event neither parent can be reached.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**FIELD TRIPS/TRAVELING SITUATIONS:**

"I give my permission for my child, \_\_\_\_\_, to travel in the bus/vans with the employees of Arrowhead Christian Academy on field trips, to the park for physical education class, etc. throughout the school year and agree to hold Arrowhead Christian Academy and its employees free and harmless of all accidents or injuries possibly sustained during travel." *(A prayerful, concerted effort will be made by the employees to take every precaution to keep your child safe on trips.)*

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

**EMERGENCY MEDICAL CARE AUTHORIZATION:**

"I give my permission to the employees of Arrowhead Christian Academy to authorize any required emergency medical treatment for my child should the need arise."

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

Physician's name \_\_\_\_\_ Phone \_\_\_\_\_

Insurance company \_\_\_\_\_ Policy number \_\_\_\_\_

Name of insured \_\_\_\_\_ Secondary insurance \_\_\_\_\_