



New Student Application 2023-24

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

Does the student have a 504 Plan at the previous school? (circle one) Yes No

Has the student ever been suspended or expelled from 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? _____

\$150.00 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 Do you have an Arizona Empowerment Scholarship Account? (ESA)
- ____ One payment – due on August 15th _____ Yes _____ No
- ____ Two payments – due August 15th and January 15th
- ____ Four payments – only available/required for those receiving ESA: August 15th, October 15th, January 15th, and April 15th

What type of billing do you prefer? ____ Paper ____ Email sent to this email address: _____

Parents: (check one) • Married • Separated • 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 after reading the Parent-Student Handbook. ACA is a ministry of Northwest Valley Baptist Church and exists to provide children of likeminded Christian families a biblical worldview education that invites students to receive Christ and prepares them to live for Him in the church and in the world. The primary responsibility of education and discipleship of children belongs to the parents. The school is simply an extension of the home. It is, however, important to understand that the school setting is different from the home due to the number of people involved. Guidelines are conducive to good teaching and they have been established for the good of the whole. The best prevention for misunderstandings is to read the Handbook and, if you have questions, please contact the teacher or administrator. We realize that rarely is the entire constituency of an organization in total agreement with all of the policies. What we ask is that you, as parents, agree to the following: I have completely read the Handbook and agree to instruct my child to abide by the rules and to cooperate with school personnel while enrolled. 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 sole discretion of the administration.

More on back



We give ACA 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.

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 _____