

Arborbrook Christian Academy
Application For Admission

2018-2019 - Grades K-12
Please complete one per applicant

STUDENT INFORMATION

Name: _____
(Last) (First) (Middle) (Preferred Name)

Address: _____
(Street) (City) (State) (Zip Code)

Sex: (M) (F) **Age:** ____ **Date of Birth:** _____ **Place of Birth:** _____

U.S. Citizen: (Yes) (No) **Social Security Number:** _____

Grade Entering: _____

Father's Name: _____

Address (if different than above) _____

Email Address: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Occupation: _____

Place of Employment: _____

Marital Status*: _____

Student Lives With: _____

**If parents are separated or divorced, please see admissions counselor for additional paperwork*

Mother's Name: _____

Address (if different than above) _____

Email Address: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Occupation: _____

Place of Employment: _____

Marital Status*: _____

Student Lives With: _____

**If parents are separated or divorced, please see admissions counselor for additional paperwork*

Brothers and Sisters:	Name	Age	Grade	School Attending

EDUCATION INFORMATION

Where does the student presently attend school: _____

Address: _____

Phone: _____ Teacher: _____ Grades Attended: _____

Note: Your signature on this application authorizes the Arborbrook Director to contact the student's teacher if additional information is needed. Please initial here: _____

Learning Concerns:

Has this student ever received counseling due to personal/psychological problems? Even if the student has not received counseling, does this student have any emotional problems that we should be aware of? If so, please explain so that we can better understand this student's needs:

Has this student ever been assessed for or diagnosed with ADD, ADHD, Dyslexia, or any other learning disability? (Yes) (No) Did a specialist do this assessment? (Yes) (No) If yes, please attach a copy of this assessment. Is the student currently on an IEP? (Yes) (No)

Does this child have any obvious learning challenges, or do you suspect that this student may have a learning disability? (Yes) (No) If yes, please explain the challenges or why you suspect there may be a problem: _____

Discipline Information:

Does this child have any general behavioral problems? If yes, please explain.

Has this student ever had discipline problems at school, or has he or she ever been asked to leave a group program for behavior reasons? (Yes) (No) If yes, please explain:

Other Information:

Does the student have any social difficulties?

Has the student had any negative school experiences? If yes, please explain.

What are the student's greatest strengths (academic, social, spiritual, emotional, etc.)? _____

What are the student's greatest weaknesses (academic, social, spiritual, emotional, etc.)?

What is the greatest challenge this student's teacher may face with him or her?

How will this student be a blessing to the teachers and his or her classmates?

MEDICAL INFORMATION

Does this student have any medical needs of which the school should be aware? (Yes) (No)

If yes, please explain: _____

Does this student have any physical, emotional, or attention concerns that require special medication or limited participation in certain activities? (Yes) (No)

If yes, please explain: _____

Does this student have any allergies? (Yes) (No)

If yes, please list: _____

Please list any medications that this student takes on a regular basis: _____

Are there Prescription medications that this student will need to take during school hours?* (Yes) (No)

If yes, please list: _____

*A Prescription Medication Authorization Form must be completed and in the student's file in the Administration Office before any Prescription Medications will be administered at school. Parents will be asked to complete this form before school begins.

INFORMATION PERTAINING TO CHRISTIAN FAITH

Where does this family attend church?

Church Name: _____

Church Address: _____

Minister's Name: _____ Church Phone: _____

Are both parents members or regular attendees of the above church? (Yes) (No) If no, please explain:

Does this student attend Bible Study, Sunday School, or other church events on a regular basis? Please list the activities and involvement of the student at the family's church: _____

Testimony and spiritual background of this child's father:
