

Arborbrook Christian Academy
Application For Admission

2019-2020 - Grades K-12
(Please complete one form per student.)

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: _____
<i>*If parents are separated or divorced, please see admissions counselor for additional paperwork</i>

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: _____
<i>*If parents are separated or divorced, please see admissions counselor for additional paperwork</i>

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?

_____ H

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. This form is available upon request.

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: _____

Testimony and spiritual background of this child's mother: _____

PARENT VOLUNTEER COOPERATIVE (PVC) INTERESTS

Please describe service areas in which each parent is gifted, talented, or interested, and would like to volunteer:

Why do you want to enroll this child in Arborbrook Christian Academy?

All information given on this application is completely truthful. Being untruthful or withholding information pertaining to the questions on this application could result in permanent dismissal from school. (Both parents please initial) _____

A nonrefundable application fee of \$150.00 and testing fee of \$160.00 should accompany this application. If accepted, the enrollment fee and other applicable fees will be due within 10 days of acceptance. The enrollment fee will hold this student's space in class. Please understand that upon paying the enrollment fee, you will be enrolling your student for the entire academic school year. There is a financial penalty for withdrawal after June 1st.

We the undersigned have completed this application with honesty, and declare it to be truthful and without error as far as we have knowledge of.

Signature & Date

Signature & Date

Arborbrook Christian Academy
Academic Recommendation Form

Parents' Names: _____

Name of Student Applying for Admission: _____

*Parent: Please initial your consent below. Do not return this form to the school.
The person you give it to will email or mail it to us.*

Academic Recommendations: PARENTS - Please provide one academic recommendation per student applying. The academic recommendation can be a teacher, administrator or for homeschool students, a leader in your co-op or teacher for one core subject. This information will be treated confidentially. By initialing here, the parent(s) / guardian(s) have waived their right to read the contents herein. _____ (initials).

Please either scan and email the completed form to Jeannine.miner@arborbrook.org or mail to:
Arborbrook Christian Academy, 4823 Waxhaw-Indian Trail Rd. Matthews, NC 28104

Please tell us who you are:

Name: _____

Address: _____

Phone Number: _____

Title / Position: _____

School Name: _____

1. Please list the students' academic strengths.

2. Please list the students' academic weaknesses.

3. Please list words or phrases to describe this student.

4. Please rate the student from 1 to 5 on the following criteria, with 1 being not at all and 5 being all the time.

_____ Work Habits (turns work in on time, manages assignments well, works well in class, is responsible).

_____ Respectful of teacher and other students.

_____ Parent is appropriately involved in the life of the school and the student's academics.

_____ Attentiveness

_____ Preparedness

_____ Attendance

5. Does the student receive accommodations in your classroom? If yes, please explain all accommodations requested and in place.

Recommendation (choose one)

_____ I recommend without reservation.

_____ I recommend with reservation.

_____ I do not recommend this student.

Signature

Arborbrook Christian Academy
Personal Recommendation Form

Parents' Names: _____

Name of Student Applying for Admission: _____

Parent: Please initial your consent below. Do not return this form to the school. The person you give it to will mail it to us.

Personal Recommendations: PARENTS - Please get one personal recommendation per family applying. The personal recommendation can be a Pastor, Sunday School Teacher, Church Leader or Other Significant Adult. This information will be treated confidentially. By initialing here, the parent(s) / guardian(s) have waived their right to read the contents herein. _____ (initials). Please either scan and email the completed form to Jeannine.miner@arborbrook.org or mail to:

Arborbrook Christian Academy
4823 Waxhaw-Indian Trail Rd. Matthews, NC 28104

Please tell us who you are:

Name: _____

Address: _____

Phone Number: _____

Title / Position / Relationship with student: _____

Personal Recommendation of the Family & Student to be completed by Personal Recommender.

1. How long and how well do you know this family and particularly this student?

2. In your judgment, in what way will this student and his or her parents make a positive contribution to Arborbrook Christian Academy?

3. To your knowledge, does this student have any behavioral issues that we should know about? If yes, please explain.

4. What positive character traits would you attribute to the members of this family?

○ Mother: _____

○ Father: _____

○ Student(s): _____

5. What negative character traits would you attribute to the members of this family?

○ Mother: _____

○ Father: _____

○ Student(s): _____

6. Please give any additional information that will assist us in consideration of this family and this student for admission. Please use the back of this form if needed.

Recommendation: (choose one)

_____ I recommend without reservation.

_____ I recommend with reservation. (Please elaborate below or on the back.)

_____ I do not recommend this family and/or this student. (Please elaborate below.)