



**Anoka Adventist
Christian School**

1035 Lincoln Street
Anoka, MN 55303
(763) 421-6710

AACS Student Admission Application

Application Date: _____

Student Information:

Student's Full Name: _____

Street Address: _____

City, State, Zip: _____

Home Telephone: _____

Public School District # _____ Sex: ___M ___F Grade Entering: _____

Birth Date: _____/_____/_____ Birthplace: _____
Month Day Year City / State / Country

Family History:

	Father	Mother
Name: (First, MI, Last)		
Marital Status: (Single, Married, Separated, Divorced, Widowed)		
Address: (If different from student)		
City, State, Zip:		
Home Telephone:		
Work Telephone:		
Cell Telephone:		
Occupation:		
Email Address:		
Church Denomination:		

Is student a baptized member of the SDA Church? No Yes Home Church _____

Name of last school attended _____ Years Attended _____

Address: _____
Street City State Zip Code

Was student ever suspended or asked to withdraw from said school? No Yes

If yes, for what reason? _____

Emergency Contact (other than parent):

Name _____ Ph # _____ Relationship _____

References (New Students only):

Principal / Recent Teacher: _____
Name Title or Position Telephone #

Bus Service: Student will need bus service (Please select one with an "X")

Only Morning Pick Up Only Afternoon Pick Up

Both Morning and Afternoon Pick Up Will not ride the bus this year

Medical Information for Student:

Please indicate your answer with an X. If you answer "Yes" to any of the following questions, please explain the situation.

Does the student have any FOOD ALLERGIES? No Yes _____

Is the student ALLERGIC TO ANY MEDICATIONS? No Yes _____

Is the student currently TAKING ANY MEDICATIONS? No Yes _____

Does the student have any EXISTING MEDICAL CONDITIONS? No Yes _____

Has the student had their EYES TESTED? No Yes Most recent date of test _____

Student Agreement:

I have read the AACCS Handbook and agree to all the policies as stated in it. I therefore agree to:

- Support my teachers
- Complete my assignments satisfactorily
- Follow the Dress Code
- Conduct myself courteously and wisely
- Maintain a positive attitude towards the school
- Abide by the Technology and Harassment Policy

Student's Signature Date

Parent(s) Agreement:

I / We have read the AACCS Handbook and agree to all the policies as stated in it. We will be responsible and on time for all financial obligations.

Signature of Parent or Guardian Date

Signature of Parent or Guardian Date