

Adventist Christian Academy

4805 Dillard Drive, Raleigh, NC 27606

919-233-1300

acaraleigh.com



Student Application Carolina Conference of Seventh-day Adventist Schools

Grade Applying for _____ Date of Application _____

Student Social Security # _____

1. Full legal name of Student

Last _____ First _____ Middle _____ Nickname _____ Sex _____

2. Date of birth _____ Place of Birth _____ Age _____
mm/dd/yy

Check document submitted to verify birth date for child entering Kindergarten or First grade.

- Birth Certificate
- Passport or Visa

Verified by _____
SCHOOL OFFICIAL

3. Student living with: Father () Mother ()
Stepfather () Stepmother ()
Other _____
SPECIFY

Home Address _____ P.O. Box _____
NUMBER STREET

CITY STATE ZIP HOME PHONE

EMAIL CELL PHONE

OFFICE USE ONLY	
Name _____	Grade enrolled _____
Date Documents Received _____	Teacher _____
Withdrew _____	Student ID# _____

4.

Legal names of those checked in #3	Denominational Affiliation	Church where Membership is Held	Social Security Number	Occupation	Business Phone

5. Is this student sponsored by an Adventist church member? Yes () No ()
 Is this student a baptized member of the Adventist church? Yes () No ()

If yes, indicate year baptized _____
 Church where membership is held _____

If student has some other church affiliation, please specify _____

6. School last attended _____
 NAME OF SCHOOL

 ADDRESS TELEPHONE

7.

Name of other children in family	Sex	Age	Check if living at home	School child is attending

8. Has this student been previously identified as qualifying for a gifted education program? Yes () No ()

If yes, what kind? _____ When? _____
 Where? _____ By Whom? _____

9. Has this student been previously identified as qualifying for a special education program? Yes () No ()

If yes, what kind? _____ When? _____
 Where? _____ By Whom? _____

10. Does student have an unpaid account at another school? Yes () No ()

If so, where? _____

11. Has student been suspended or expelled in the past at any school? If so, please explain below:

STUDENT CONTRACT:
 I agree to uphold the school's regulations. I pledge my cooperation with and loyalty to the school and its employees. I will live in harmony with the school's Christian principles.

_____ Date Student Signature

PARENT CONTRACT:
 I hereby agree to support school regulations and to help my child observe them, to supply physical examination reports for this student, a) entering school for the first time, b) at grade seven, c) at grade 9, d) at other grades, when required by conference Board of Education; and to accept all financial educational obligations for this student.

_____ Date Parent/Guarding Signature