



Student Application

Adventist Christian Academy
2518 Savannah Hwy
Charleston, SC 29414

Please share with us

How did you hear about Adventist Christian Academy? (Please circle one):

Current ACA School family Drive-by Friend Advertisement

Other: _____

Student Name and Family Information

I am applying for ____ grade, beginning Fall ____ Winter ____ of 20 ____

Student's Name: _____
First Middle Initial Last

Goes by: _____ Male ____ Female ____

Social Security #: _____ Date of Birth: _____

(Make SS Card, birth certificate, & immunization available for copying) Place of Birth _____

Father's Name: _____ Mother's Name: _____
First Last First Last

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ **Email** _____

Father's Occupation: _____ Business Phone: _____ Cell Phone: _____

Years of Education _____ Birth Place _____ Birth Date _____

US Citizen? ____ Marital Status _____ SS# _____ other Email _____

Mother's Occupation: _____ Business Phone: _____ Cell Phone: _____

Years of Education _____ Birth Place _____ Birth Date _____

US Citizen? ____ Marital Status _____ SS# _____ other Email _____

Check if appropriate:

____ Father deceased ____ Mother deceased ____ Parents divorced
 ____ Parents separated ____ Father remarried ____ Mother remarried

Please list child's secondary household:

Name: _____ Relation: _____
First Last

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Email _____

Occupation: _____ Business Phone: _____ Cell Phone: _____

Church Affiliation (if applicable)

Name of Church _____ Years Attended: _____
Pastor's Name _____ Phone Number _____
Do you and your child actively attend church regularly? Yes ____ No ____
Is applicant an Adventist Church Member? Yes ____ No ____
Father a member? Yes ____ No ____ Mother a member? Yes ____ No ____

Education Information

Present School _____ Dates Enrolled: _____
Phone Number: _____
Present Teacher _____
Has applicant ever skipped a grade? _____
Has applicant ever been retained? _____
Has applicant ever been suspended or expelled form school for any reason? _____
If yes on any questions above, please explain: _____

If the applicant has a disability and would like to request accommodations in the admission process, please explain here. Documents from a qualified professional should either be enclosed with this application or sent directly to the school office: _____

Does the applicant require any medication? _____ If yes please explain: _____

Check here ____ I understand a current physical exam will be submitted to complete registration.

Parent Testimony**

Please give a brief summary of your expectation of Christian education. Please include your reasons for applying to place your child in Adventist Christian Academy:

Application must be complete and received with appropriate fees in order be processed. A completed application does not guarantee acceptance. The ACA School Committee makes final decisions.

** ACA welcomes families of all faiths, and beliefs as long as long as our Christian values are respected. We believe in mutual respect.