

Ascent Christian Academy
701 Main St. North Myrtle Beach SC 29582

New Student Application 2019/2020



APPLYING FOR GRADE: _____
Application Fee due with this Application.
If accepted for enrollment, deposit due
within 5 business days.

Instructions: Please fill out COMPLETELY. An incomplete form will delay enrollment. One form per child in household. Questions contact: academy@ascenteducation.net / 843.548.8474

Date ____/____/____

STUDENT INFORMATION

Applicant's Name

Last _____ First _____ Middle _____

Preferred Name _____ Date of Birth ____/____/____

[] Female [] Male

Primary Address _____

City _____ State _____ Zip _____

Home Phone (____) ____-____ Student Cell (____) ____-____

Student Primary Email _____

Last School Attended _____

School Address _____

City _____ State _____ Zip _____

Phone (____) ____-____

FAMILY INFORMATION

Father

Last _____ First _____ Middle _____

*if different from student

*Address _____

*City _____ State _____ Zip _____

Email _____

Marital Status

[] Married [] Widower [] Separated [] Divorced [] Remarried

Employer _____

Occupation _____

Work Phone (____) ____-____ Cell Phone (____) ____-____

Lives with Student [] Yes [] No

Receives Students Mail/Billing [] Yes [] No

Church Attendance [] Regular [] Seldom [] Never

Church Affiliation _____

Mother

Last _____ First _____ Middle _____

*if different from student

*Address _____

*City _____ State _____ Zip _____

Email _____

Marital Status

[] Married [] Widow [] Separated [] Divorced [] Remarried

Employer _____

Occupation _____

Work Phone (____) ____ - ____ Cell Phone (____) ____ - ____

Lives with Student [] Yes [] No

Receives Students Mail/Billing [] Yes [] No

Church Attendance [] Regular [] Seldom [] Never

Church Affiliation _____

Names, ages, grades, and school name for all children in the family.

Name _____ Age _____ Grade _____

School _____

Name _____ Age _____ Grade _____

School _____

Name _____ Age _____ Grade _____

School _____

Name _____ Age _____ Grade _____

School _____

Name _____ Age _____ Grade _____

School _____

EMERGENCY CONTACTS

Family Physician _____ Phone (____) ____ - ____

#1 Emergency Contact Name _____

Relationship _____ Phone (____) ____ - ____

#2 Emergency Contact Name _____ - _____

Relationship _____ Phone (____) _____ - _____

PARENT QUESTIONNAIRE

How did you find out about ACA? _____

1. What are your academic goals for your child?

2. How do you anticipate your child will benefit from being at ACA?

3. What do you anticipate your child's academic challenges will be?

4. What do you anticipate your child's social challenges will be?

5. Describe your child's strengths:

6. List all previous schools your child has attended:

School Name _____ Dates Attended _____

School Name _____ Dates Attended _____

School Name _____ Dates Attended _____

7. Has your child ever repeated a grade? [] Yes [] No

If yes, please explain: _____

8. Has your child had disciplinary problems in school? [] Yes [] No If yes, please explain:

9. Any other concerns you may have regarding your child _____

HEALTH INFORMATION

The following important medical information will help ACA better serve your child. If yes to any of the below, please provide the date and explanation next to the appropriate answer.

- Yes No Pre-mature birth
- Yes No Asthma
- Yes No Has your child had Chicken Pox
- Yes No Hepatitis
- Yes No Meningitis
- Yes No Mononucleosis
- Yes No Scarlet Fever
- Yes No Other contagious disease _____
- Yes No Diabetes
- Yes No Frequent ear infections
- Yes No Head injury/Concussions
- Yes No Heart problems/Murmur
- Yes Hospitalizations/Surgery other than newborn
- Yes Mental/Emotions problems
- Yes No Physical limitations
- Yes No Pneumonia
- Yes No Rash/Birthmark/Scar
- Yes No Seizures
- Yes No Speech problems
- Yes No Tubes in ears
- Yes No Vision problems
- Yes No Food allergies _____
- Yes No Medical allergies _____
- Yes No Normal vision Date of last eye exam _____ Where? _____
- Yes No Normal hearing
- Yes No Diagnosed for ADD or ADHD If yes, please attach a copy of the diagnosis.
- Yes No Medicated for ADD or ADHD If yes, identify type of medication:

Yes No Immunizations up-to-date. Before your child is enrolled, you will be required to provide a copy of current immunizations records.

Yes No Hospitalized in the last 12 months? If yes, briefly explain _____

Yes No Diagnosed for depression or other emotional conditions. If yes, briefly explain _____

Yes No Special Needs. Explain _____

Hospital Preference _____

PARENT/GUARDIAN AGREEMENT

Parent/Guardian Name (Please Print) _____

By signing on the next page, you are stating that I/we have read, acknowledge and agree to cooperate and support the following:

- The policies and procedures stated in the current Family Handbook.
- The Tuition and Fees Policies and Procedures set forth in the current Tuition & Fees Schedule.
- The administration and teachers by showing respect and verbal support, voluntary efforts for school functions and prayer.
- The academic success of my child by insuring that he/she remains current in all class requirements including but not limited to: class attendance with minimal absences, class participation, homework assignments and thorough preparation for tests/quizzes and class projects.
- The compliance of my child to the student dress code and code of conduct outlined in the current Family Handbook.
- The use of my child's picture for official school publications, including the school website, Barefoot Church website, social media, brochures, newspaper ads and press releases, and the school newsletter.
- The timely payment of all fees and tuition as stated in this application and the current Family Handbook and published Tuition Schedule. I understand and accept all tuition, fee payments, and penalties as stated in this application packet.

Due with this application

_____ \$50.00 Application Fee for K through 2nd grade

_____ \$75.00 Application Fee for 3rd grade through 12th grade (includes testing for placement)

The Application Fee is a one-time, non-refundable administrative fee. It is in addition to any and all tuition and fees. Students will not be considered for enrollment without a completed and signed Application and Application Fee.

A \$250.00 deposit is due within 10 business days after acceptance into Ascent Christian Academy. The deposit goes toward the yearly tuition cost.

Families will be informed of acceptance via formal communication.

Ascent Christian Academy admits students of any race, color, national or ethnic origin. It extends to all the rights, privileges, and opportunities for participation in every grade level study area and activity generally accorded or made available to the students of the school.

MEDICAL

Emergency Benadryl Authorization

I give permission to ACA to administer Benadryl under the label dosage during an emergency medical situation if there is a suspected allergy situation with my child.

Yes No

Parent Signature _____

Date ____ / ____ / ____

Emergency EpiPen Authorization

I give permission to ACA to administer my child's EpiPen during an emergency medical situation if there is a suspected allergy situation with my child.

Yes No

Parent Signature _____

Date ____ / ____ / ____

In case of illness or injury of my child, I understand that ACA will make every attempt to contact parents or guardians first. If I cannot be reached, they will contact other emergency persons I have listed – who are authorized to receive information, make certain medical decisions and have my child released to their custody. If none is available, the school is authorized to make whatever arrangements are deemed necessary to maintain my child's health including but not limited to, emergency medical treatment.

Parent Signature _____

Date ____ / ____ / ____

TUITION

Payment Options

Please select one of the following payment schedules. Upon acceptance this will be put into effect:

_____ Annual Payment in Full Due August 1
Paid in cash, check or online (\$35 fee for returned checks)

_____ Semi-Annual Payments Due August 1 and January 15
Paid in cash, check or online (\$35 fee for returned checks)

_____ 5 Equal Installment Payments (August 1, October 1, January 1, March 1, May 1)
Paid through automatic withdraws only. \$30 late fee assessed if not paid by the 5th of the month

_____ 10 Equal Installment Payments (August 1 –May 1)
Paid through automatic withdraws only. \$30 late fee assessed if not paid by the 5th of the month

Tuition is due for each student. Our budget is planned and carried out based on student enrollment. Students who are withdrawn for any reason are obligated to give a 30 day written notice. If a notice is not given ACA reserves the right to collect any tuition, legal, collections, or administration fees which may occur.

Parent Signature _____

Date ____ / ____ / _____

Financially Responsible Party (if different from parent)

Name _____

Signature _____

Date ____ / ____ / _____