



Anderson Christian School

4523 Liberty Highway
Anderson, SC 29621
(864) 224-7309 Fax (864) 224-1085
www.acslions.net

FAMILY INFORMATION

For School Year ____/____

Father

Mother

Maiden Name

Last Name First Name MI

Last Name First Name MI

Address

City

State Zip Code

ST ZP

Phone (Home)

Work Cell

Wk Cell

E-Mail Address

Employer

Living in same home as student ___Yes ___No

Living in same home as student ___Yes ___No

Names of all school age children

Date of Birth

Applying for ACS

Grade

_____/____/____

____Yes ____No

_____/____/____

____Yes ____No

_____/____/____

____Yes ____No

_____/____/____

____Yes ____No

If all school-age children are not applying, please state the reason below. _____

Why do you desire your children to attend ACS? _____

How did you hear about ACS? _____

Which church do you attend? _____

Pastor's Name _____

Church Phone _____

Church Address

Please describe what you believe about Jesus Christ and how these beliefs affect your life.

Please give your view of Christian education.

New Student Application
(To Be Completed by Parent or Guardian)

Date of application _____ Applying for grade _____ For school year _____ / _____

Legal name of student _____
Last First Middle Goes By

Address (if different from parents or legal guardian)

Street Address City St Zip Code

Phone _____ Gender _____ DOB ____ / ____ / ____

Student's e-mail address _____

ADMISSION POLICY: *Anderson Christian School admits students of any race, color, national and ethnic origin to all the rights, privileges, and programs, and activities generally accorded or made available to students of ACS. It does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, financial aid programs, and athletic and other school administered programs.*

1. *Has the applicant previously attended ACS?* ___ Yes ___ No *If yes, when?* _____

2. *Describe your child's special interests, honors or activities .* _____

3. *Has your child ever been referred for a developmental or academic evaluation?* ___ Y ___ N
If yes, please describe _____

4. *Has your child ever been enrolled in a special class, received tutoring, or had intervention as a result of development or academic evaluation.* ___ Y ___ N *If yes, please elaborate.*

(Questions 5-13 do not apply to K3 and K4 students)

5. *Has your child made a profession of faith in Jesus Christ?* ___ Y ___ N

6. *Has your child repeated a grade?* ___ Y ___ N *If yes, which grade and for what reason?*

6. Describe areas that you feel your child may need improvement. Please describe.

7. Has the applicant ever been suspended, dismissed, or denied enrollment for an academic or a disciplinary reason? ____ Y ____ N

8. Is the applicant taking medication(s) on a regular basis (Insulin, Ritalin, or etc.)? If yes, please list.

Does the student have a history of the following:

ADD or ADHD (Copy of diagnosis by a licensed psychologist or physician must be on file prior to attendance) ____ Yes ____ No

Learning Disability (Copy of psychological testing and Individual evaluation must be on file prior to attendance) ____ Yes ____ No

Physical Disability (Copy of 504 Plan or Individual Educational Plan must be on file prior to attendance. ____ Yes ____ No

Sports physicals are required for participation. Please provide a copy prior to participation in any sports.

<i>School Year Grade</i>	<i>School Attended/Principal</i>	<i>County (If SC)</i>	<i>Address (Street, City, State)</i>	<i>Zip Code</i>


