

# ***Academy Christian School***

129 W. Border Rd. Rock Hill, SC 29730

Phone: 803-327-5673 Email: [theacademy@comporium.net](mailto:theacademy@comporium.net)

Web: [academychristianschool.org](http://academychristianschool.org)

## Student Enrollment Application 2021-2022

### **Student Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Cell \_\_\_\_\_ Wk \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Birth Date \_\_\_\_\_

School last attended \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

### **Family Information**

Father/Guardian \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Wk \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Mother/Guardian \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Wk \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Other children in family: \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

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## **Religious Information**

Church Attending \_\_\_\_\_

Address \_\_\_\_\_

Pastor \_\_\_\_\_ Phone \_\_\_\_\_

Father: Christian? \_\_\_\_\_ Mother: Christian? \_\_\_\_\_

Has applicant ever made a profession of faith in Christ? \_\_\_\_\_

If so, when? \_\_\_\_\_

## **Medical Information**

Does student have any known allergies (ie: food, insects) \_\_\_\_\_

If so, please explain: \_\_\_\_\_

\_\_\_\_\_

Does student take any medications currently? \_\_\_\_\_ If so, list: \_\_\_\_\_

\_\_\_\_\_

Has student received all immunizations required for school? \_\_\_\_\_

Do you authorize, The Academy, to seek medical attention for you child in your absence? \_\_\_\_\_

If no, please explain: \_\_\_\_\_

\_\_\_\_\_

Name of medical insurance carrier? \_\_\_\_\_ Policy # \_\_\_\_\_

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## **School History**

Has student ever been expelled, suspended, or refused admission to another school? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Has student ever had behavior issues at school? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Has student ever been convicted of a felony or misdemeanor? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Has student ever failed a grade level or subject in school? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Has student ever used tobacco or nonprescription drugs of any kind? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Date

\_\_\_\_\_

\_\_\_\_\_

School Administrator Signature

Date

\*All applications are to be turned back in to the school office with a letter of recommendation from their pastor, and a non-refundable \$150 registration/testing fee. If you cannot get a letter from your pastor, please contact the school administrator. All applicants will be notified within 2 weeks to set up their dates for testing and any other appointments that may be necessary.