



Anderson Christian School

3902 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.

I have read and agree with the Anderson Christian School information and schedule documents. I also understand that the omission of any information or the falsifying of any documents could jeopardize my child's acceptance and/or continued enrollment at ACS.

- Admissions Policy*
- Parent Student Handbook*
- Tuition Fees Schedule and Book Fees*
- After School Care (Kingdom Kids)*
- Statement of Faith*
- Withdrawal Policy*

<i>Print Name</i>	<i>Father's Signature</i>	<i>Date</i>
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<i>Print Name</i>	<i>Mother's Signature</i>	<i>Date</i>
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<i>Print Name</i>	<i>Legal Guardian</i>	<i>Date</i>
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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>



Dear Parents:

We are pleased you are considering the enrollment of your child/children in Anderson Christian School. We believe God has ordained this school for Christian families in the Anderson area who desire quality academics in a Christian environment.

In order for us to begin to get to know you, we ask that you complete the enclosed application and return it to our office with your application fee and your child's or children's complete school record. This \$75.00 per family fee is non-refundable. Once these forms have been received, we will supply you with a student handbook for you to read so you will be acquainted with our goals, policies, and procedures. We will also arrange for you to meet with me for an interview.

The interview is the final step in the admissions process, and has a two-fold purpose. First, it gives us the opportunity to highlight some of the things you have already read and heard. Second, it gives you the opportunity to ask any further questions you might have. It also gives you the chance to share with us your relationship with Jesus Christ and your thoughts on Christian education. We look forward to getting to know you.

When these steps have been completed, we will notify you of the school's decision. Upon approval, the registration fee of \$59.00 per student will be due. Thank you again for your interest. We trust that this will mark the beginning of a long and godly relationship between your family and the families of Anderson Christian School.

Prayerfully yours,

Kyra Roberts
Principal
