



**AMERICAN CHRISTIAN SCHOOL**  
 126 South Hillside Avenue, Succasunna, New Jersey 07876  
 Phone: 973-584-6616 Fax: 973-584-0686

## Admission Application

<b>For Prek &amp; Elementary Office Use Only:</b>	<b>For Secondary Office Use Only:</b>
1. Date application was received _____	1. Date application was received _____
2. Interview date/time _____	2. Interview date/time _____
3. Placement test date/time _____	3. Placement test date/time _____
4. Immunization record received _____	4. Immunization record received _____
5. Registration Fee Received (amount) _____	5. Registration Fee Received (amount) _____
6. Entrance test fee received (\$25/student) _____	6. Entrance test fee received (\$25/student) _____
Accepted into _____ grade(s) <input type="checkbox"/> Denied <input type="checkbox"/>	Accepted into _____ grade(s) <input type="checkbox"/> Denied <input type="checkbox"/>

**Admission Application Checklist:**

- Application Packet
- Non-refundable School Registration Fee: PreK-9 \$100.00 fee per returning student & \$150.00 per new student\*
- Copy of the applicant's most recent achievement test scores (Prek excluded)
- Report Cards from the most recent quarter and the previous year (Prek excluded)
- Copy of any divorce/custody decision as it pertains to the applicant
- Copy of birth certificate for students entering PreK and Kindergarten
- All new elementary (K -6<sup>th</sup>) students are required to take an entrance exam
- Entrance Exam fee of \$25

**Junior High/High School Students Only:**

- A letter by the student explaining why he/she wants to attend ACS

**Arrowsmith Application Checklist:**

- Non- refundable Arrowsmith Registration fee of \$750 *in addition to* School Registration Fee
- Arrowsmith Program Consent and Acknowledgment Form
- Items listed under Admission Application Checklist

**\*The school registration fee is non-refundable at any time, unless acceptance is denied. All fees are non-refundable. Due to the fact that the school contracts with our teachers and staff to pay them a set amount for the year regardless of any reduction in student population, and in consideration of the per student costs we incur in materials and overhead for the year, we cannot refund any paid registration or tuition fees.**

✠ ACS recognizes the right of the parent to claim "religious exemption" from mandatory immunizations as recommended by the State of NJ, S.A. 26:1A-1

Family Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home email: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Family's Church: \_\_\_\_\_ Pastor: \_\_\_\_\_



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Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Bus. Phone: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**IF COMING MID-YEAR – DATE STARTING \_\_\_\_\_ (Enter Current Grade Below)**

***PLEASE FILL OUT THE INFORMATION BELOW FOR EACH CHILD & GRADE ENTERING THIS FALL  
(Must be appropriate age for grade entering as of October 1<sup>st</sup>)***

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_ Social Security # \_\_\_\_\_ Gender \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_ Social Security # \_\_\_\_\_ Gender \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_ Social Security # \_\_\_\_\_ Gender \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_ Social Security # \_\_\_\_\_ Gender \_\_\_\_\_

If your child(ren) will be attending Prek, please indicate which days by placing an F (full) or H (half) below:  
\*3 year olds must be potty trained / 4 year olds must come 5 days or 3 (Tues. – Thurs)

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

## ***ALL QUESTIONS MUST BE ANSWERED IN ORDER FOR THE APPLICATION TO BE COMPLETE***

ACS is not staffed to handle students with severe learning disabilities or those who have behavior problems or issues. For your child's best interest, please be candid when you answer the following questions (If more than one child is applying, please consider each one in your answers.)

Has your child ever been referred for testing or placed in a special program? Yes  No

Has your child ever been in a gifted and talented program? Yes  No

Has your child ever received any other special help or tutoring? Yes  No

Has your child ever repeated a grade for any reason? If so, which grade? \_\_\_\_\_ Yes  No

Has your child ever have recurring discipline problems? Yes  No

Has your child ever been suspended or expelled by a previous school? Yes  No



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Has your child ever seen a counselor/doctor/psychiatrist for any type of social, behavioral, or mental problems? If so, briefly describe the nature of the problem. \_\_\_\_\_ Yes  No

Has your child ever been diagnosed as having hyperactivity, ADHD or ADD? Yes  No

Do you suspect or have you been told that your child has dyslexia? Yes  No

Has your child ever been involved with legal problems or been arrested? Yes  No

What special honors or awards has your child received? \_\_\_\_\_

### Educational Philosophy:

Why do you want your child to attend American Christian School? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How did you hear about ACS? \_\_\_\_\_

Do you know of families who attend ACS? If so, please list some: \_\_\_\_\_

Have you read the school handbook? Yes  No

If yes, do you foresee any problem in the school's enforcing these policies? Yes  No

If there are any points of philosophy or school policy which are inconsistent with your goals for your family, please explain briefly here:

\_\_\_\_\_

Do you support the following specific aspects of the curriculum and school policies?

Discipline Policy Yes  Learning Disabilities Yes

School Uniform Policy Yes  Latin Yes

Homework Guidelines Yes  Statement of Faith Yes

If a conflict arises between you (or your child) and the classroom teacher, an administrator or the school board, how would you attempt to resolve it? \_\_\_\_\_

\_\_\_\_\_

Which virtues would you most like your child to exhibit? \_\_\_\_\_

If you found that your child was sinking academically, how would you respond? \_\_\_\_\_

\_\_\_\_\_

Should a grade of "C" be a cause for praise if a student is working to the best of his potential? Why or why not? \_\_\_\_\_

\_\_\_\_\_

How do you promote spiritual values in your home? \_\_\_\_\_



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Do you anticipate any complications arising in relation to meeting monthly tuition schedule of payments? Yes  No

Will you be applying for tuition assistance? (If yes, please request a financial aid form at the office) Yes  No

If this application is not accepted, I understand that I will receive the registration fee back in full. If this application is accepted, I understand that should I change my mind for any reason, the registration fee is non-refundable.

I have read and am in agreement with the **Statement of Faith** of the American Christian School (copy enclosed in admission packet).

### Grandparent Information - For Newsletter Mailing and Grandparents' Day

Father's Parents: \_\_\_\_\_

Mother's Parents: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

### Please list other relatives or friends who would like to receive the school newsletter:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Relationship to Family: \_\_\_\_\_

Relationship to Family: \_\_\_\_\_

### Contracting Signature:

I certify that this application is correct. I understand my financial commitment and the dates payments are due, and I agree to faithfully meet my obligations to the school. I have read, understand and agree with the school's guidelines and policies in the appropriate handbook.

**SIGNATURE OF FATHER:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**SIGNATURE OF MOTHER:** \_\_\_\_\_

**DATE:** \_\_\_\_\_