



# Atlantic Shores

Christian School

*For Office Use Only*

Paid Application Fee (Ck# \_\_\_\_\_)

Accepted by: \_\_\_\_\_

Date of Interview: \_\_\_\_\_

Date of Contract: \_\_\_\_\_

## Application for Admission Student Application

### I. Application Checklist

This application must be filled out completely and returned to the Admissions Office with the required items listed below in Section I. Complete one Student Application per child.

**All of the following must be received before scheduling the student interview:**

- |  |  |
|--|--|
| <input type="checkbox"/> \$75.00 non-refundable application fee                                  | <input type="checkbox"/> Copy of IEP (if applicable)   |
| <input type="checkbox"/> A recent photograph   | <input type="checkbox"/> Record Release Form   |
| <input type="checkbox"/> Copy of the birth certificate   | <input type="checkbox"/> Copy of any standardized tests taken  |
| <input type="checkbox"/> Pastoral Recommendation Form  | <input type="checkbox"/> Copy of most recent report card   |
| <input type="checkbox"/> Student Information Sheet (grades 7-12)                                 | <input type="checkbox"/> Transcript of classes taken, with grades, and with an explanation of marking system |
| <input type="checkbox"/> Testimony <input type="checkbox"/> ASCS Statement                       |  |
| <input type="checkbox"/> Court/legal documentation for custody, (custody papers if applicable)   |  |
| <input type="checkbox"/> Copy of immunization / <input type="checkbox"/> Health & Emergency Form |  |

### II. Student Information

Date: \_\_\_\_\_ Grade Entering: \_\_\_\_\_ Age: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
First Middle Last

Home Address: \_\_\_\_\_  
Street City State Zip Code

Home Telephone Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Birth date: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_  
Month Day Year

Student's email: \_\_\_\_\_  
(For students 7<sup>th</sup> – 12<sup>th</sup>)

### III. Academic Information

Current School: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Public  Private

School Address: \_\_\_\_\_ FAX Number: \_\_\_\_\_

Contact Person (Dean of Students or Guidance Director): \_\_\_\_\_

Any academic problems?  No  Yes Specify: \_\_\_\_\_

Does the applicant have an IEP (Individualized Educational Program)?  No  Yes (If yes, please include a current copy.)

Any discipline problems?  No  Yes Specify: \_\_\_\_\_

Has the applicant ever skipped or repeated a grade?  No  Yes Specify: \_\_\_\_\_

Has the applicant ever been suspended, expelled or requested to withdraw from school?  No  Yes Specify: \_\_\_\_\_

\_\_\_\_\_

#### IV. Health & Medical Information

Applicant's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Name and explain any health condition(s), past or present, which need to be brought to the school's attention to safeguard this applicant at school (e.g. diabetes, allergies, seizures, asthma, emotional disorders, educational challenges, etc.) or which would restrict physical activity levels.

\_\_\_\_\_

\_\_\_\_\_

Is the applicant taking any prescription medications(s)?  No  Yes Specify: \_\_\_\_\_

Has the applicant been tested for any of the following?

Speech/Language  Attention Deficit Disorder  Emotional Issues  Learning Disabilities

Attention Deficit Hyperactivity Disorder  Other: \_\_\_\_\_

#### V. Church & Demographic Information

Current Church Attending: \_\_\_\_\_ Pastor: \_\_\_\_\_

Denomination:  Baptist  Catholic  Episcopal  Lutheran  Methodist  Non-denominational  Pentecostal  
 Presbyterian  Other: \_\_\_\_\_

At what age did the applicant accept Christ? \_\_\_\_\_

How many times per month does the applicant attend the following: Church \_\_\_\_\_ Sunday school \_\_\_\_\_ Youth group \_\_\_\_\_

Applicant's ethnicity (for data purposes only):  African-American  American Indian/Eskimo  Asian or Pacific Islander  
 Caucasian  Hispanic  Other: \_\_\_\_\_