



Atlantic Shores

CHRISTIAN SCHOOL

Application for Admission Student Application

<i>For Office Use Only</i>	
Date of Application:	_____
<input type="checkbox"/> Paid Application Fee:(Ck# _____)	
Date of Interview:	_____
Accepted by:	_____
Date of Contract/FACTS:	_____
Date of Guidance:	_____

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:

- Family Application: Signatures of: Parent/Student
- \$75.00 non-refundable application fee
- A recent photograph
- Copy of the birth certificate
- Pastoral Recommendation Form
- Student Information Sheet (grades 7-12)
 - Testimony ASCS Statement
- Court/legal documentation for custody
(any custody papers if applicable)
- Health & Emergency Form
- Record Release Form
- Copy of IEP (if applicable)
- Copy of any standardized tests taken
- Copy of most recent report card
- Transcript of classes taken, with grades,
and with an explanation of marking system
- Copy of immunization
- Copy of latest student physical

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 7th - 12th)

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: _____