



Assembly Christian School

Application for Admission

Student Legal Name _____ Male _____ Female _____

Mailing address _____ City _____ Zip _____

DOB ____/____/____ Age ____ (child must be 3 by September 30, 2023)

Current Grade _____ Applying for Grade _____ School Year _____ Student Soc. Sec. # _____ - _____ - _____

School Last Attended _____ Phone (____) _____ Fax (____) _____

Home Church _____ Pastor _____

Ethnicity / Race: **Check all that apply** - Required for state non-discriminatory reporting purposes.

_____ Hispanic / Latino _____ American Indian or Alaskan Native _____ Asian _____ White

_____ Black or African American _____ Two or more races _____ Hawaiian or Pacific Islander

Parents/Guardians receive all reports/emails.

Child lives with _____ Both Parents _____ Mother _____ Father _____ Guardian/Other *The school office MUST have copies of court documents granting guardianship.

Father/Guardian _____ Father's Email Address _____

Address _____

Employer _____ Position _____

Work Phone _____ Cell Phone _____ Home Phone _____

Mother/Guardian _____ Mother's Email Address _____

Address (if different from above) _____

Employer _____ Position _____

Work Phone _____ Cell Phone _____ Home Phone _____

(turn over)

How did you hear about ACS? Friend/Relative/Community _____ Internet _____ Advertisement _____ Other _____

Siblings at ACS: Name(s) / Grade(s) _____

Emergency Contact Information (other than parents):

_____ Hm _____ Cell _____ Relationship _____

_____ Hm _____ Cell _____ Relationship _____

_____ Hm _____ Cell _____ Relationship _____

_____ Hm _____ Cell _____ Relationship _____

_____ Hm _____ Cell _____ Relationship _____

_____ Hm _____ Cell _____ Relationship _____

***NEVER** release my child to : _____

***A copy of all judgements concerning "no contact" orders must be on file in the office.**

***We must have a copy of your child's immunization record showing that all vaccines are current.**

ONLY MEDICATIONS PRESCRIBED BY A DOCTOR ARE ALLOWED IN THE OFFICE. List any/all prescription medicines your child might be taking at school.

Medications: _____

Reasons: _____

Any Food Allergies: _____

Hypersensitive to pesticides? _____ Yes _____ No

Any dietary restrictions due to allergies must be documented by the student's doctor and a copy turned into the school office and cafeteria each school year.

Family Doctor: _____

Phone: _____

Dentist: _____

Phone: _____

I authorize ACS to secure emergency medical treatment for my child in the event of an emergency. I understand the use of Epi-pens requires an ambulance to come to the scene because it is considered an emergency medical treatment.

I hereby certify that the above answers are true and complete. I realize that failure to disclose pertinent information may result in my child being asked to withdraw from ACS.

Parent's/Legal Guardian's Signature

Date