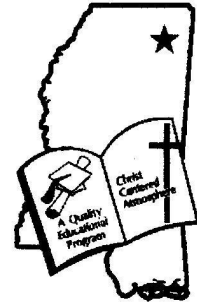
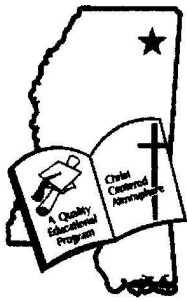


AMORY CHRISTIAN ACADEMY

60035 County Barn Road
Amory, MS 38821
(662) 256-5024



APPLICATION FOR ENROLLMENT

STUDENT INFORMATION:

Full Name: _____ Name child is called: _____
Last First Middle
Address: _____
Phone: _____
Birthdate: _____ Age: _____ Sex: _____ Race: _____
Place of Birth: _____ Social Security: _____

EDUCATION INFORMATION:

Grade to Enter: _____ Will Before or After School Care be required? _____
Before School--7:00 - 8:00
After School -- 3:15 - 5:00
School Last Attended or Presently Attending: _____
Mailing Address of School (Street, City, State, Zip): _____
Has your child previously attended Amory Christian Academy? _____ If yes, what grades? _____
Student's Grades have been: ___ Superior ___ Above Average ___ Average ___ Below Average
Has student failed any grade(s)? _____ If yes, what grade? _____
Has student ever been suspended? _____ Expelled? _____ or asked to withdraw? _____
Does student have any Diagnosed Learning Disabilities or does he/she struggle in any subject area?
_____ If yes, please explain. _____

FOR OFFICE USE ONLY

| | |
|-------------------------------|--------------------------------|
| ___ Date received _____ | ___ Registration paid _____ |
| ___ Interview _____ | ___ Amount paid _____ |
| ___ Tested _____ | ___ Contract signed _____ |
| ___ Immunization Record _____ | ___ Transcript requested _____ |
| ___ Birth Certificate _____ | ___ Student ID # _____ |
| ___ School Minder Entry _____ | ___ Parent ID # _____ |

FAMILY, PARENTAL OR GUARDIAN INFORMATION:

Father's Name: _____
Address: _____

Home Phone: _____
Cell Phone: _____ Pager: _____
Occupation: _____ Day/Night Shift (circle)
Employer: _____
Bus. Phone: _____
Marital Status: ☐ Married ☐ Widowed ☐ Separated
 ☐ Divorced ☐ Remarried

Mother's Name: _____
Address: _____

Home Phone: _____
Cell Phone: _____ Pager: _____
Occupation: _____ Day/Night Shift (circle)
Employer: _____
Bus. Phone: _____
Marital Status: ☐ Married ☐ Widowed ☐ Separated
 ☐ Divorced ☐ Remarried

Are both parents natural parents of child? _____ If no, do you have legal custody of child? _____

If child does not live with both parents, please specify with whom they live: _____

Are there any unusual factors in the child's life such as adoption, serious illness, absence of either parent, or any other circumstances about which you feel the school should know? _____

If there are other children in your family, please complete the following:

| | | |
|------------|-----------|--------------|
| Name _____ | Age _____ | School _____ |
| Name _____ | Age _____ | School _____ |
| Name _____ | Age _____ | School _____ |
| Name _____ | Age _____ | School _____ |

Name of the person responsible for paying tuition, if other than parents: _____

Address: _____

Home Phone: _____ Business Phone: _____

RELIGIOUS INFORMATION:

Church Now Attending: _____

Attendance: ☐ Regular ☐ Occasional ☐ Seldom ☐ Never

Address: _____ Is applicant a church member? _____

Pastor's Name: _____ Youth Pastor's Name _____

Has applicant had a born-again experience with Jesus Christ? _____

GENERAL INFORMATION:

How did you learn about Amory Christian Academy? _____

If recommended by friend or relative, please give name: _____

State below the reason(s) you wish to enroll your child(ren) in Amory Christian Academy: _____

EMERGENCY & MEDICAL INFORMATION:

Emergency contact: _____ Home Phone: _____ Work Phone: _____

Contact's relationship to you: ☐ Relative ☐ Friend ☐ Guardian ☐ Other _____

Student's Physician: _____ Phone: _____

Is the student allergic to any "over-the-counter" drugs? ☐ If so, please explain: _____

Is the student taking any prescription medication? ☐ If so, please explain: _____

Is there any medical reason that the student cannot participate in the physical education program? ☐
If so, please explain: _____

Has student ever been treated for any emotional, mental, or nervous disorder? _____
If so, please explain: _____

STATEMENT OF FAITH:

- We believe the Bible to be the only inspired, infallible, authoritative Word of God.
- We believe that there is one God, eternally existent in three persons: Father, Son and Holy Spirit.
- We believe in the deity of the Lord Jesus Christ, in His virgin birth and His vicarious death through His shed blood, in His ascension to the right hand of the Father, and in His personal return in power and glory.
- We believe that for the salvation of lost and sinful men, regeneration by the Holy Spirit is absolutely essential.
- We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a Godly life.
- We believe in the resurrection of the lost to damnation and the saved to life eternal.
- We believe in the spiritual unity of the believers in our Lord Jesus Christ.

Have you read the *Statement of Faith* and do you understand it? ☐ Yes ☐ No

STATEMENT OF COOPERATION

I give First Free Will Baptist Church/Amory Christian Academy permission for my child to take part in all church/school activities, including bus trips, sports activities, and church/school sponsored trips away from the church premises. I give permission for my child's teacher and/or agent of the church school to make and enforce classroom regulations in a manner consistent with Biblical principles and discipline as set forth in the Scriptures, and as stated in the school handbook, including CORPORAL PUNISHMENT (K5-12th Grade) if deemed necessary by the church/school authorities.

I further agree to hold the church, school and its agents harmless for any liability to my child or any guardian or parent thereof because of any claims on behalf of my child against the church, school or any agent thereof because of any injury to my child. Should legal action, for any reason, be taken against First Free Will Baptist Church/Amory Christian Academy or any employee or agent thereof, on my child's behalf and the church school or its agent not be found at fault, I agree to pay any attorney fees, court fees, damages or other costs that First Free Will Baptist Church/Amory Christian Academy or its agent should incur to defend itself against such action.

This Statement of Cooperation will be in effect for as long as my child(ren) listed (or others to be enrolled) attend this church/school whether it be in the nursery, kindergarten, elementary, junior high or senior high school. I understand that should my marital status change that it is my responsibility to have a corrected Statement of Cooperation signed and updated and delivered to the school.

IN SIGNING THE APPLICATION, I UNDERSTAND THAT:

1. My Child will be trained in accordance with the above Statement of Faith.
2. The teacher has full discretion in the classroom discipline of my child, which could include corporal punishment (K5-12th Grade).
3. The administration has full responsibility for placing my child in the proper grade.
4. My cooperation is expected in: (a)Regular tuition payment; (b)Practical help; (c)Faithful prayer; and (d)Involvement in fund raisers.
5. The school reserves the right to dismiss any student who does not respect its spiritual standards or cooperate in the educational process.
6. Tuition is paid over a ten-month period, and penalties are enacted for late payment.

If any of the above information should change - such as address, employment, phone number, etc. please notify the school immediately.

| | |
|---|------------|
| Father's Signature _____ | Date _____ |
| Mother's Signature _____ | Date _____ |
| Student's Signature (grades 7-12) _____ | Date _____ |

ADDITIONAL COMMENTS:
