



Office Use Only: Date _____
Circle One-
Re-enrollment, New Student,
Referral Name _____
Payment Method: CC, Cash, Check # _____
Money Order
Amount Pd. _____
Tour Date _____
CIRCLE YOUR CHOICE:
VPK, VPK PREP, K3 PREP, K3-M/W/F, K3-T/TH

APPLICATION FOR PRESCHOOL ENROLLMENT

STUDENT INFORMATION:

Student's Full Name _____ Goes By _____
Street Address _____ City _____ Zip _____
Gender **M** or **F** U.S. Citizen: ()Yes ()No Grade Applied For _____ Date of Birth _____
Mother's Name _____ Mother's Employer _____
Father's Name _____ Father's Employer _____
Phone Number _____ Student's Social Security # _____
Mother's Cell _____ Mother's Work _____ Mother's Email _____
Father's Cell _____ Father's Work _____ Father's Email _____
Mother's Social Security # _____ Father's Social Security # _____
Does family attend church regularly? ()Yes ()No Name of Church: _____

FAMILY INFORMATION:

Child Resides with ___ Natural Parents ___ Mother/Step Father ___ Father/Step Mother
___ Mother only ___ Father only ___ Joint Custody
___ Legal Guardian-relationship _____

EMERGENCY INFORMATION:

Persons to contact if parents cannot be reached:

Name: _____ Relationship _____ Contact # _____
Name: _____ Relationship _____ Contact # _____

Persons who may **NOT** pick up student:

Name: _____ Relationship _____
Name: _____ Relationship _____

PERSONALITY TRAITS:

___ Aggressive ___ Boisterous ___ Confident ___ Considerate ___ Domineering ___ Extrovert
___ Fearful ___ Forgetful ___ Introvert ___ Mischievous ___ Obedient ___ Organized
___ Responsible ___ Strong-willed ___ Temperamental

PERSONAL INFORMATION:

Does Applicant have any allergies or special medical needs? (Please be as specific as possible) _____

Please list ALL current medication(s) and doses being taken by student _____

Has applicant ever been evaluated for academic, speech, language, sensory integration, physical, behavioral, emotional, or attention difficulties by a school official, psychologist, physician, or other professional? _____

If yes, please attach a copy of the most recent evaluation.

Has the applicant been given an Individualized Education Plan (IEP) by the public school? _____

If yes, please attach a copy of the most recent evaluation.

APPLICANT EDUCATIONAL/BACKGROUND INFORMATION:

Applicant's Current School _____ Years attended _____

School Address _____ School Phone # _____

Reason for changing schools _____

- Has applicant ever been suspended, expelled, or asked to withdraw from any school? ()Yes ()No
If yes, please give name of school and details _____
- Is applicant eligible to re-enter his/her present school? ()Yes ()No
- Has applicant previously attended another Christian preschool? ()Yes ()No
 - If yes, which grades and where? _____
- Has applicant experienced notable discipline problems: At Home? ()Yes ()No At School? ()Yes ()No

PLEASE INCLUDE WITH APPLICATION:

_____ Copy of Birth Certificate _____ Proof of Residency _____ School Physical _____ Shot Records

EAGLE INFORMATION:

Why would you like your student to attend Altamonte Christian School? _____

How did you learn about ACS?

Referral (write name of person who referred you to ACS) _____

Internet: Website, Private School Directory, Search Engine, OTHER _____

Publication (Name the publication) _____

___ Signage at the road ___ Drive by ___ Yellow Pages ___ Other

Parent Signature _____ **Date** _____