



4601 Emory Lane ,Charlotte, NC 28211
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 ACAOffice@adventistchristianacademy.org

Student Application

Student Demographic

NAD ID: _____

Grade Entering: _____

Last Name	Middle	First	Name Used
Date of Birth- MM/DD/YYYY		Gender Male/Female	
Address-Street	City	State	Zip
Church Affiliation		Baptized Yes ___ No ___ Date: _____	
Does the student have a current IEP? Yes ___ No ___ If yes, please explain.			

Previous Academic Institution

School Name	Grade:
Address-Street	City
Telephone	State
	Zip
	Fax

Parent/Guardian information

1.Name		Relationship to student	
Address-Street	City	State	Zip
Telephone		Email	
Church Affiliation		Baptized Yes _____ No _____	
2.Name		Relationship to student	
Address-street	City	State	Zip
Telephone		Email	
Church Affiliation		Baptized Yes _____ No _____	
3.Name		Relationship to student	
Address-Street	City	State	Zip
Telephone		Email	
Church Affiliation		Baptized Yes _____ No _____	
Additional Student at ACA	Grade	Additional Student at ACA	Grade
Additional Student at ACA	Grade	Additional Student at ACA	Grade

We, the undersigned, pledge to uphold the policies and principles as outlined in the current Adventist Christian Academy student handbook and to accept full financial responsibility according to the published financial policies and contract. To the best of our knowledge the questions on this application are answered completely and truthfully.

Father's Signature **Mother's Signature** **Guardian's Signature** **Date:** _____