



Asheville Christian
ACADEMY

**Sibling Application
for Admission**



**Asheville
Christian**

PLEASE DIRECT ALL APPLICATION MATERIALS TO:
Office of Admissions
PO Box 1089
Swannanoa, NC 28778
(fax) 828-581-2218
admissions@ashevillechristian.org

ADMISSIONS PROCESS - SIBLING

Asheville Christian Academy is grateful for its warm community of families and looks forward to welcoming new students each year. ACA has a rolling admissions policy and will process completed applications *as long as space is available*. The applicant is responsible for ensuring that all steps in the admissions process are completed. Your application will be considered for admission only after all required documentation (Step 1) has been received by ACA.

STEP 1 - SUBMIT FORMS

Completed Sibling Application for Admission

Required Supplemental Forms - The following additional forms are necessary to complete your application file. Please complete all required forms and submit to appropriate recipients for completion. Recommendations, transcripts, and reference forms must be mailed directly to ACA and should not be turned in with the application. The required supplemental forms are included with this application packet and can also be found online at www.ACAcademy.org.

K4 & Kindergarten

- Pastor Reference
- Classroom Teacher Reference
- K4 or Kindergarten Parent Form
- Copy of Birth Certificate
- Copy of Immunization Records
- Kindergarten Medical Form (Kindergarten only)

1st - 6th Grade

- Pastor Reference
- Classroom Teacher Reference
- Principal/Counselor Form
- Transcript Release Authorization
- Copy of Most Recent Report Card
- Copy of Most Recent Achievement Testing Results
- Copy of Birth Certificate
- Copy of Immunization Records

7th - 12th Grade

- Pastor Reference
- Teacher Reference - English
- Teacher Reference - Math
- Principal/Counselor Form
- Student Questionnaire
- Transcript Release Authorization
- Copy of Most Recent Report Card
- Copy of Most Recent Achievement Testing Results
- Copy of Birth Certificate
- Copy of Immunization Records

STEP 2 - ENTRANCE TESTING

Upon receipt of all application materials, the Admissions Office will contact parents to schedule entrance testing. Testing is required for students applying for Kindergarten through grade 12.

STEP 3 - INTERVIEW

Following receipt of complete application (with all supplemental materials) and completion of entrance testing, the Admissions Office will contact parents to set up a family interview with the School Principal and/or Head of School.

STEP 4 - ADMISSIONS COMMITTEE REVIEW

Following the interview, student applications will be presented to the Admissions Committee for review. Parents will be notified regarding acceptance within two weeks following the interview.

ACA admits students of any race, color, national and ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration or its education policies, admissions policies, scholarship programs and athletic and other school-administered programs.



Rec'd _____	ACC _____
Fee _____	WP _____
Review _____	N/ACC _____
Tested _____	Placement _____
Interview _____	Business Office _____

SIBLING APPLICATION FOR ADMISSION

CHECK ALL THAT APPLY:

- Current ACA Family
 New Family to ACA
 Former ACA Family
 Child of ACA Alumni (Year of Graduation _____)
 Other _____

Applicant's Full Name _____
Last First Middle Preferred Name

Primary Address _____
Street

City State Zip Primary Phone Number

Female Male Date of Birth: ___/___/___ Please describe student's ethnicity (optional): _____

Currently in grade _____ Applying for grade _____ Applying for which school year _____

List information on all previous school(s) applicant has attended:

<i>School/Address</i>	<i>Dates Attended</i>	<i>Grade(s)</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have all financial obligations been fulfilled at the student's previous school? No Yes

Is ACA your family's first choice? Yes No Please list the other schools where your family is applying.

Do you intend for the applicant to graduate from ACA? Yes No Uncertain

APPLICANT'S PARENTS

Mother's Name: _____

Father's Name: _____

APPLICANT'S SIBLINGS

Name _____ Birth date _____ School/Grade _____

Name _____ Birth date _____ School/Grade _____

Name _____ Birth date _____ School/Grade _____

Do you plan to enroll any of the above children at ACA? Yes No Uncertain

FAMILY'S CHURCH

Church Name _____ Number of years attended _____

Church Pastor _____

PLEASE CHECK ALL THAT APPLY:

- Applicant attends church regularly
 Father attends church regularly
 Applicant belongs to the church's youth group
 Mother attends church regularly
 Applicant attends Sunday School

SIBLING APPLICATION FOR ADMISSION (CONT.)

SUPPLEMENTAL INFORMATION - Confidential

Has the student ever been suspended, expelled, or withdrawn by a school for any reason? No Yes

Has the student ever had any conduct or discipline problems? No Yes

Has the student ever had any involvement with drugs or alcohol? No Yes

Has the student ever been brought before a Juvenile Court or law enforcement agency? No Yes

****If yes to any of the above questions, an explanation must be provided on a separate piece of paper.***

Asheville Christian Academy desires to accommodate the learning needs of its students and offers a variety of services through our Programs for Academic Support and Success (PASS). So we may be aware of any potential needs, please answer each of the following questions.

Has the applicant ever been tested or screened for the following

A reading, language, or learning difficulty? No Yes*

A behavioral difficulty (i.e. ADD, ADHD, etc.)? No Yes*

Has the student ever been diagnosed with a reading, language, math, or learning difficulty? No Yes*

Has the student ever been diagnosed with an attention deficit disorder? No Yes*

Has the student ever been diagnosed with a behavioral or emotional disorder? No Yes*

Has the student ever been enrolled in a special education program or special services (i.e. resource room, L.D., ADD, etc.)? No Yes*

Has testing been previously recommended? No Yes

Does the applicant take medication for learning challenges? No Yes

Please describe the medication(s) and its effects on your child (better focus, headaches, moodiness, etc.)

**A copy of test results or documentation of formal diagnosis must be provided to the Admissions Office. A PASS supplemental form requesting additional information may be forwarded to you for completion.*

MEDICAL INFORMATION - Confidential

Does your child have any ongoing health problems? No Yes

If yes, please identify _____

Does the applicant require any daily medications? No Yes

If yes, please provide the name(s) of medication(s)? _____

Does your child have allergies? No Yes

If yes, please name what type of allergy (e.g. peanuts) _____

Is your child's allergy life-threatening? No Yes

Does your child have an Epipen? No Yes

OUR MISSION

Seeking to serve Jesus Christ and uphold His pre-eminence, Asheville Christian Academy, in committed partnership with Christian parents, provides a gospel-centered education to shepherd and inspire Christ-oriented lives within a community of grace and truth.

Asheville Christian Academy

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