



# Athens Christian School

*Quality Education in a Christian Atmosphere*

1270 Highway 29, North  
Athens, Georgia 30601  
Office (706) 549-7586  
Fax (706) 549-2899  
www.athenschristian.com

## NEW STUDENT APPLICATION

School Term Applying For 20\_\_ - 20\_\_

STUDENT NAME \_\_\_\_\_ SSN \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_ County \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip) Phone \_\_\_\_\_

Parent Email addresses \_\_\_\_\_

Student DOB \_\_\_\_\_ AGE \_\_\_\_\_ GENDER \_\_\_\_\_ RACE \_\_\_\_\_ Grade to Enter \_\_\_\_\_

If applying for Kindergarten or Preschool, check one of the following: K3 \_\_\_\_\_ K4 \_\_\_\_\_ K5 \_\_\_\_\_

Last school attended \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Fax \_\_\_\_\_

Father's Name \_\_\_\_\_ Employer \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Employer \_\_\_\_\_ Phone \_\_\_\_\_

If parents are separated or divorced, with whom does the student live? \_\_\_\_\_

Name of person responsible for expenses \_\_\_\_\_

Does the student have any specific academic, psychological, or physical needs that require accommodations here at ACS? \_\_\_\_\_ Please check: IEP \_\_\_\_\_ 504 \_\_\_\_\_ Other \_\_\_\_\_

Other children in the family:

Name \_\_\_\_\_ Age \_\_\_\_\_ School Attending \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School Attending \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School Attending \_\_\_\_\_

Church currently attending \_\_\_\_\_

Applicant's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Do you authorize the school to call your child's physician in emergency situations? \_\_\_\_\_

Who referred you to ACS? \_\_\_\_\_

What is the main reason you wish to send your student to ACS? \_\_\_\_\_

\_\_\_\_\_

Entrance tests are given to students entering grades 1-12, and each applicant is considered by a school committee. If for some reason the application is declined, \$150 of the paid application fee will be refunded. **The testing/application fee for students in grades 1-12 is \$250; the application fee for Kindergarten and Pre-school students is \$175. The entrance fee must accompany this application form.**

The first tuition payment is due in June; subsequent monthly payments will be due thereafter. If you are applying after this time, your tuition payments will be prorated accordingly. The tuition payment may be paid in full at the beginning of the school year if so desired. No reduction will be made in tuition charges due to absences.

**The following forms must be submitted in order for the student to be accepted to Athens Christian School:**

- Student's Birth Certificate
- Student's Immunization Certificate (form #3231)
- Student's Transcript; most recent report card for Elementary students
- Student's Discipline Record

Has the student failed any grade: \_\_\_\_ If so, which grade? \_\_\_\_ Has the student been suspended or expelled? \_\_\_\_  
If so, explain \_\_\_\_\_

Is the student now, or has he/she ever been under the supervision of a parole officer or under the custody of juvenile courts? \_\_\_\_ Has the student ever had a police record? \_\_\_\_ If so, please give dates and the complete name and address of the judge or probation officer: \_\_\_\_\_

**STATEMENT OF COOPERATION**

In making application for my student, it is my desire to have the student complete the school year at Athens Christian School. Otherwise, I understand that the withdrawal fee is equivalent to one month's tuition.

I understand that the school has full discretion in the disciplining of my child according to the rules and regulations of Athens Christian School, and I will cooperate with the school in carrying out the spirit of the school regulations regarding my student.

I understand that Athens Christian School has permission to include my student's name and/or photo in connection with news articles, school yearbook, school website, or social media pages.

I give permission for my student to take part in all school activities, including field trips, physical education, school plays, sports, and school-sponsored trips away from the school premises, and absolve the school from liability to me or my child because of injury to my child at school or during any school activity.

I understand that my participation is needed in working with the school in a mutual effort to train my student according to a Biblical worldview; thus, I will endeavor to cooperate to the best of my ability.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Parent/Guardian)

If you have any questions about the application, please feel free to call the school office, and we will be happy to help in any way possible (706) 549-7586.