

---

# AURORA CHRISTIAN ACADEMY FAMILY APPLICATION

---

Please fill out the entire document and one student application for each student and return to the school office.

Our school management software allows us the ability to text parents with relevant school information. We may choose to utilize this feature in the future to relay important information.

In order to receive text messages from ACA, you should provide the name of your cell phone provider in the box marked "Carrier." This is necessary in order for the software to properly encode the text message for each individual provider.

2017-2018  
17818 LAWRENCE 2200 AURORA MO 65605  
417/678-7515

# AURORA CHRISTIAN ACADEMY APPLICATION FOR ADMISSION 2017-2018

## STUDENT INFORMATION

Name:
Name:
Name:
Name:
Name:

## FATHER INFORMATION

Name:		
Current address:	Email:	
City:	State:	ZIP Code:
Cell Phone:	Carrier:	Okay To Text?    Yes <input type="checkbox"/> No <input type="checkbox"/>
Employer:	Title:	Work Phone:

## MOTHER INFORMATION

Name:		
Current address:	Email:	
City:	State:	Zip Code:
Cell Phone:	Carrier:	Okay To Text?    Yes <input type="checkbox"/> No <input type="checkbox"/>
Employer:	Title:	Work Phone:

## GUARDIAN/STEP-PARENT INFORMATION

Name:		
Current address:	Email:	
City:	State:	ZIP Code:
Cell Phone:	Carrier:	Okay To Text?    Yes <input type="checkbox"/> No <input type="checkbox"/>
Employer:	Title:	Work Phone:

## GUARDIAN/STEP-PARENT INFORMATION

Name:		
Current address:	Email:	
City:	State:	ZIP Code:
Cell Phone:	Carrier:	Okay To Text?    Yes <input type="checkbox"/> No <input type="checkbox"/>
Employer:	Title:	Work Phone:

## EMERGENCY CONTACTS

Name:	Phone:
Name:	Phone:
Name:	Phone:
Name:	Phone:

FAMILY/FRIENDS AUTHORIZED TO PICK UP FROM SCHOOL	
Name	Name

RELIGIOUS INFORMATION			
Church Where Attending:			
Address:			
City:	State:	ZIP Code:	
Pastor:		Phone:	
Does the family unit attend services regularly? Yes <input type="checkbox"/> No <input type="checkbox"/>		Have parents/guardians made a decision to follow Christ? Yes <input type="checkbox"/> No <input type="checkbox"/>	

**CONSENT FOR USE OF PHOTOGRAPHS**

By signing in the box below, I consent to the use, publication, and copyright by ACA in the school's publications, brochures, and other promotional materials, of photographs in which my child(ren) may appear as a student in any programs or activities of ACA, and the foregoing consent shall extend beyond my child(ren)'s enrollment.

SIGNATURES	
I have read all the materials regarding application registration and payment policies and will abide by them. Furthermore, I have provided ACA with complete, up-to-date, accurate, and factual information to use in the admissions process. Any false or any omitted information could result in denial of admission or immediate withdrawal. I understand that students are admitted to ACA on a year-by-year basis.	
Signature of parent/guardian:	Date:
Signature of parent/guardian:	Date:

MEDICAL ATTENTION PROCESS	
I agree that in the event my child becomes ill or is injured while under school supervision, the following steps should be taken:	
<ol style="list-style-type: none"> <li>1. Contact a parent/guardian of the student and follow the instruction on how to proceed.</li> <li>2. In the event a parent/guardian cannot be reached, contact the student's physician and follow his or her instructions.</li> <li>3. If the student's physician cannot be reached, the school staff will use their own discretion in contacting a properly licensed physician and follow that physician's instructions.</li> <li>4. If Aurora Christian Academy staff feels the illness or injury is severe enough to warrant, they should first seek emergency medical treatment for the child.</li> </ol>	
A complete "Emergency Medical Treatment Authorization Form" will be kept in a separate file to be used in the event of an emergency.	
Parent/Guardian Signature _____	Date _____
Parent/Guardian Signature _____	Date _____

**STATEMENT OF PARENTAL AND SCHOOL RESPONSIBILITY**

If my/our child is accepted, I/we will assume responsibility for my/our child's education by supervising assigned homework and keeping in regular contact with my/our child's teachers.

If my/our child is accepted, I/we will support to the best of my/our ability, the school's entire program through prayer, time, and financial gifts.

If my/our child is accepted, I/we will support the disciplinary standards of the school.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**LEGAL CUSTODY POLICY**

1. A single parent, grandparent, or a foster parent must provide written documentation of the legal custody of the child/children enrolled, i.e. a court decree or private settlement agreement.
2. Only the person who has legal custody of the child/children has the authority to make decisions regarding the child's/children's education.
3. If divorced parents share legal custody of the child/children, with written documentation provided the school, both parents must agree on decisions relating to matters of education and medical care.
4. Grandparents and foster parents still need approval from the child's/children's parents regarding educational decisions.
5. Legal custody of the child/children must be established before enrollment is completed

All legal custodians must:

1. Sign the school enrollment contract.
2. Foster parents must provide the school with legal papers that show they have legal custody and authority to make educational decisions for students enrolled.
3. If a foster parent does not have sole legal custody, signed authorizations from both non-custodial parents and from the foster parents must be provided for children who are enrolled.
4. If a grandparent provides care but does not have legal custody, the school enrollment contract must be signed by both the parent(s) and grandparent(s).
5. Enrollment will not be complete until permission to enroll the child/children is given, in writing, by the parent named in the official custody papers as having authority to make decisions regarding the child's/children's education.
6. Any restrictions in the official custody papers, not in keeping with the official school policy, will negate enrollment. Such restrictions might include after school pick up, free exercise of religious instruction, and standard of conduct.
7. Written directions in the official custody papers will be followed regarding the parent to:
  - A. Call in an emergency, if the child fails to attend school, or if there is a discipline problem
  - B. Receive school notices
  - C. Access the student's records
8. If a non-custodial parent is unavailable or the whereabouts are unknown, the person with legal custody must provide a signed affidavit disclosing such details and give information about plans to sever the absent parent's right to legal custody.

**ADMISSION PROCEDURE**

1. Please complete and return Family Application and a Student Application for each student to Aurora Christian Academy office or mail to:  

Aurora Christian Academy  
17818 Lawrence 2200  
Aurora MO 65605
2. The enrollment fee of \$80.00 must accompany each student application, if returned by June 1<sup>st</sup>. If enrollment application is returned after June 1<sup>st</sup>, the enrollment fee is \$100.00 per student.

By signing, I/we indicate I/we have read the Handbook, and agree to abide by the policies and procedures of Aurora Christian Academy. We have thoroughly read this application and the answers written herein are sincere and true.

Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_