

# The Academy of Coastal Carolina

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## Student Application 2010-2011

Instructions: Please fill out COMPLETELY. An incomplete form will delay enrollment

### SECTION 1 STUDENT INFORMATION New Student Sibling Re-enrollment Grade Entering: \_\_\_\_

Applicant's Name [Last] \_\_\_\_\_, [First] \_\_\_\_\_ [Middle] \_\_\_\_\_  
Preferred Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender  Female  Male  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ Primary E-Mail Address \_\_\_\_\_  
Student Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Student Cell Phone: ( ) \_\_\_\_\_  
Last School Attended \_\_\_\_\_ Phone No. \_\_\_\_\_  
Christian  Yes  No Church Attendance  Weekly  Monthly  Never Church Member  Yes  No  
Church Affiliation \_\_\_\_\_ Pastor's Name \_\_\_\_\_

### SECTION 2 FAMILY INFORMATION & EMERGENCY CONTACT

Father's Name \_\_\_\_\_  
\*Address \_\_\_\_\_  
\*City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
\*If different from student.  
Marital Status  Married  Widower  Separated  
 Divorced  Remarried  
Employer \_\_\_\_\_  
Occupation \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Preferred E-Mail \_\_\_\_\_  
Lives with Student  Yes  No  
Receives Mail/Billing  Yes  No  
Church Attendance  Regular  Seldom  Never

Mother's Name \_\_\_\_\_  
\*Address \_\_\_\_\_  
\*City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
\*If different from student.  
Marital Status  Married  Widower  Separated  
 Divorced  Remarried  
Employer \_\_\_\_\_  
Occupation \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Preferred E-Mail \_\_\_\_\_  
Lives with Student  Yes  No  
Receives Mail/Billing  Yes  No  
Church Attendance  Regular  Seldom  Never

List names, ages, grades and school name for all children in the family

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Paternal Grandparents Name \_\_\_\_\_ E-Mail \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Maternal Grandparents Name \_\_\_\_\_ E-Mail \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency and Medical Contact Family Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Emergency Contact #1 \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Emergency Contact #2 \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Known Allergies \_\_\_\_\_

**SECTION 3****PARENT QUESTIONNAIRE**

1. Who recommended ACC to you? \_\_\_\_\_
2. What are your academic goals for your child? \_\_\_\_\_  
\_\_\_\_\_
3. How do you anticipate your child will benefit from being at The Academy of Coastal Carolina?  
\_\_\_\_\_  
\_\_\_\_\_
4. What do you anticipate your child's academic challenges will be? \_\_\_\_\_  
\_\_\_\_\_
5. What do you anticipate your child's social challenges will be? \_\_\_\_\_  
\_\_\_\_\_
6. Describe your child's strengths: \_\_\_\_\_  
\_\_\_\_\_
7. List all previous schools your child has attended:  

	Dates
	Dates
	Dates
8. Has your child ever repeated a grade?  Yes  No If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_
9. Has your child had disciplinary problems in school?  Yes  No If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

The following important medical information will help The Academy better serve your child.

- Yes  No    Pre-mature birth  
 Yes  No    Asthma  
 Yes  No    Food Allergies \_\_\_\_\_  
 Yes  No    Medical Allergies \_\_\_\_\_  
 Yes  No    Normal Vision    Date of last eye exam \_\_\_\_\_ Where? \_\_\_\_\_  
 Yes  No    Normal Hearing  
 Yes  No    Diagnosed for ADD or ADHD    If yes, please attach a copy of the diagnosis.  
 Yes  No    Medicated for ADD or ADHD    If yes, identify type of medication \_\_\_\_\_  
 Yes  No    Immunizations up-to-date  
 Yes  No    Hospitalized in the last 12 months?    If yes, briefly explain \_\_\_\_\_  
 Yes  No    Diagnosed for depression or other emotional conditions. If yes, briefly explain \_\_\_\_\_  
 \_\_\_\_\_

**SECTION 4****PARENT/GUARDIAN AGREEMENT**

Parent/Guardian Name (Please Print) \_\_\_\_\_

By signing below I/we acknowledge and agree to cooperate and support the following:

- The policies and procedures stated in the current Parent/Student Handbook
- The administration and teachers by respects and verbal support, voluntary efforts for school functions and fervent prayer.
- The academic success of my child by ensuring that he/she remains current in all class requirements including but not limited to: class attendance with minimal absences, class participation, daily homework assignments and thorough preparation for tests/quizzes and class projects.
- The compliance of my child to the student dress code and code of conduct outlined in the current Parent/Student Handbook.
- The timely payment of all fees and tuition as stated in this application and the current Parent/Student Handbook. I understand and accept all tuition, fees payments and penalties as stated in this application packet.
- The use of my child's picture for official school publications.
- The inclusion of our name, phone number and e-mail address in a school directory.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Financially Responsible Party (if different from parent) \_\_\_\_\_

**SECTION 5****STUDENT COVENANT**

Student Name (Please Print) \_\_\_\_\_

By signing below I acknowledge and agree to fully cooperate in the following areas:

- I will follow the policies and procedures stated in the current Parent/Student Handbook including dress code, attendance and discipline policies.
- I will demonstrate respect for my parent(s)/guardian(s), the school administration and teachers and my fellow students in thought, word and deed.
- I will strive to achieve self-discipline in my studies by practicing good study habits at school and at home. I will complete all class and homework assignments on time and will enthusiastically participate and contribute in class. I will write own assignments and to make up any missed assignments according to my teachers' requirements. I will discuss with my teachers any assignments that I do not understand so that I will be able to complete them in a timely manner.
- I understand that the object of The Academy of Coastal Carolina is to help train me and with my fellow students both spiritually and academically, and therefore I commit myself to my studies.
- I will practice good stewardship by guarding against abuse or misuse of any school property.
- I will act responsibly and respectfully when I am away from school, being ever mindful that I represent my school in all that I do and all that I say.
- I agree that God loves me and He empowers me to live a Godly life. – Galatians 5:16

Student Signature \_\_\_\_\_ Date \_\_\_\_\_