

Allen Christian School
114-32 Merrick Boulevard
Jamaica, New York 11434
(718) 657-2500

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|---|
| For Office Use Only _____ |
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APPLICATION FOR ADMISSION
2020/2021
PLEASE PRINT CLEARLY

To be filled out and returned with appropriate fees. The \$125.00 non-refundable application processing fee is required with each new applicant's application. Our school welcomes applications without regard to race, creed, color or nationality.

Current New Grade Placement Sought _____ Date: _____

Child's Name: _____ Sex _____ Birth Date _____

Race: ___ African American ___ Asian ___ Caucasian ___ Hispanic ___ Native American _____
(OTHER)

Family Address _____ Apartment # _____

City _____ State _____ Zip Code _____

Mother's Name: _____

Father's Name: _____

Address _____

Address _____

_____ Zip _____

_____ Zip _____

Home Phone _____

Home Phone _____

Cell Phone _____

Cell Phone _____

Email _____

Email _____

Business Name _____

Business Name _____

Address _____

Address _____

Phone _____

Phone _____

School (s) Previously Attended:

| School | Address | Grades Attended | Dates of Attendance | |
|---------------|----------------|------------------------|----------------------------|-------------|
| | | | Entered | Left |
| | | | | |
| | | | | |
| | | | | |

How did you hear about ACS? Radio___ TV___ Newspaper___ Church___ Word of Mouth___ Other _____

The parents are: Single___ Married___ Separated___ Divorced___ Engaged___

Who is the legal guardian? _____ Which parent(s) is responsible for child's education? ___M ___F

Is the father remarried? _____ Wife's Name _____

Is the mother remarried? _____ Husband's Name _____

To whom should bills be sent? _____ At What Address: _____

To whom should school reports and notices of parent meetings be sent? _____M _____F _____Both Parents

Is child in Special Education or has been referred to Special Education? _____

Has the child received: (Please answer each question.)

1. Psychological or Guidance Testing? _____
2. Psychological Treatment? _____
3. Remedial or Special Instruction (i.e., remedial reading, subject matter tutoring, etc.) _____
4. Can your child engage in a physical education or athletic program? _____

If no, please explain below or on an attached sheet.

Explanation: _____

Child's Special Health/Dietary Restrictions (if any): _____

| Sibling's (Sister/Brother) Name | Age | Current School They Are Attending |
|---------------------------------|-------|-----------------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Person to be notified in Emergency if Parent/Guardian cannot be reached:

DO NOT PUT PARENT NAME. MUST BE PERSON OTHER THAN PARENT.

Name: _____ Relationship: _____

Address: _____ City _____ State _____

Zip Code: _____ Home Phone _____ Business _____ Cell _____

Information provided on this application should be kept current by notification of changes sent to the office in writing as soon as a change occurs. This is the school's primary means of maintaining contact with the home. It is of vital importance in an emergency situation.

Statement of Belief

We believe in one God Almighty, and that He exists in the unity of three persons: Father, Son and Holy Ghost. We believe that Jesus Christ is the Son of God; that He was born of the Virgin Mary; that He suffered a sacrificial death, thus atoning the sins of man; that He arose from the dead; that He ascended into Heaven and sits on the right hand of God the Father; and that He will return in all of His magnificence to judge the living and the dead.

We believe in the forgiveness of sins; salvation for the lost, and sanctification through the Holy Spirit. We believe in the resurrection of the body; that the saved will experience life everlasting and that the lost will suffer eternal damnation. We believe in the unity of all believers in Jesus Christ, the Saviour, through the power of the Holy Spirit. We firmly believe that the Holy Scripture contains all things necessary for salvation, and is the supreme authority by which our lives are governed.

Do you agree to have your child trained in accordance to these doctrinal affirmations?

Yes _____ No _____ Church Affiliation: _____

(PLEASE PRINT) _____

Name of Parent or Guardian legally responsible for the child

Signature

Application Fee: The \$125.00 non-refundable application processing fee is required with each new applicant's application.

School Policy: On the acceptance of the application and on signing of a school payments contract, payments are required in order to guarantee a space.