



Ashland Christian School  
 1144 W Main Street  
 Ashland, Ohio 44805  
 (419) 289-6617

For Office Use	
Year _____	Fam. Info _____
Grade _____	Pastor Ref. _____
Interview _____	Birth ____ Cust. ____
Reg. Paid _____	Tuition _____
Transport _____	

## Application for Admission (K-8)

Please type or use black ink when completing both sides of this form. Please attach your registration fee to this application. Upon receipt of the application and registration fee, you will be contacted for an interview. The registration fee is non-refundable.

Full name of student \_\_\_\_\_ Sex \_\_\_\_\_ Birth Date \_\_\_\_\_

Name of Father \_\_\_\_\_ Mother \_\_\_\_\_

Address of Father \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Address of Mother \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Student lives with: Both parents \_\_\_ Mother \_\_\_ Father \_\_\_ Other (specify) \_\_\_\_\_

ACS must have a copy of legal action if custody has been awarded by the court. Does this apply? *Yes / No*

School District in which student resides \_\_\_\_\_

Grade for which you are applying (circle one): K K Plus 1 2 3 4 5 6 7 8

Kindergarten Plus: Kindergarten extension program (11:10 p.m. – 2:50 p.m.)

After-School Care: (2:50 p.m. – 5:30 p.m.)

Circle weekday(s) of your choice: Monday Tuesday Wednesday Thursday Friday

List all previous schools attended:

Name of school	Address	Grades	Principal
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Church affiliation \_\_\_\_\_ Address \_\_\_\_\_

Pastor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Briefly describe your relationship with Jesus Christ. (Father and Mother/Guardian)

Does the student have any history of a physical, emotional, or a learning disability which has required professional attention which might require special attention at ACS? YES / NO If yes, briefly explain.

**Financial Information:**

Please indicate which payment plan you prefer:

- Prepay in Full to ACS (by July 5)
- 2-pay Semester to (July & Jan.)
- 4-pay Quarter K-8 (July, Oct., Jan., Apr.)
- 12 Monthly Payments K-8
- Creative Education Program (  9 mo.) (  12 mo.) (  semester) (  yearly)
- After School Care (  weekly) (  9 mo.) (  quarterly) (  yearly)

References: Personal Reference \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Credit Reference \_\_\_\_\_ Phone Number \_\_\_\_\_

Please indicate whether you are eligible for the following discounts:

- |  |          |                            |
|--|----------|----------------------------|
| <input type="checkbox"/> Multiple Student Discount                     | \$ _____ | (office use only)          |
| <input type="checkbox"/> Pastor Discount (currently in ministry work)  | \$ _____ | \$ _____ Total Discount    |
| <input type="checkbox"/> Full-Time Seminary Student (10 hrs./semester) | \$ _____ | \$ _____ Total Tuition Due |
| <input type="checkbox"/> Ashland Grace Brethren Church Member          | \$ _____ |                            |

Please read carefully the ACS Policies on the accompanying page and initial each statement below.

1.  I have read and agree with Statement of Faith of the school and am willing to have my children educated in accordance with it.
2.  I agree to work cooperatively with the teachers, administration, and school board in matters regarding correction and discipline of my child(ren).
3.  I understand that the leadership of the school has the right to dismiss any student who does not comply with the Code of Conduct of the school.
4.  I understand that the school has full discretion for the grade and class placement of my child(ren).
5.  I have read the policy concerning late tuition and agree to comply with it, including payment of late fees if required.
6.  I have read the policy concerning early withdrawal and agree to comply with it, including payment of all charges required.
7.  I agree to pay all tuition fees and other financial obligations to ACS on or before the due date without a reminder.
8.  I understand fund raisers are necessary in operating the school and my participation is needed in practical help and prayer support.
9.  I have read the policy concerning Non-Discrimination and agree to support it.
10.  I understand that all the policies of the school are available for me to read in the school office.

**Directory Information:**

I give permission for my name to be listed in the Ashland Christian School and Preschool Directory.

Please list my family in the following way:

Name(s) of Parent(s) or Guardian(s) \_\_\_\_\_

Name(s) of Child(ren) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

I do not give permission for my name to be listed in the directory.

**Yes/No** I grant permission for my child(ren) to be pictured in ACS and Preschool publications. I understand that these may be used for promotional purposes.

**Please Sign:**

Father: \_\_\_\_\_

Date: \_\_\_\_\_

Mother: \_\_\_\_\_

Date: \_\_\_\_\_

Guardian: \_\_\_\_\_

Date: \_\_\_\_\_