



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

For Office Use	
Year _____	Fam. Info. _____
Grade _____	Reg. Pd. _____
Tuition _____	
Transport _____	

Application for Re-Registration (1-8)

Please type or use black ink when completing both sides of this form. Please attach your registration fee to this application. The registration fee is non-refundable. If you wish to enroll a child in ACS in Kindergarten or for the first time, a separate Application for Admission must be completed.

Full name(s) of student(s) to be enrolled	Birth Date	Grade in Fall (not Kdg.)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

After-School Care Registration: (2:50 p.m. – 5:30 p.m.) YES NO

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

Name of Father _____ Name of Mother _____

Father's Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____ E-mail _____

Employer _____ Work Phone _____

Mother's Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____ E-mail _____

Employer _____ Work Phone _____

Name of church where student attends _____

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

I would like to schedule an appointment with a member of the Administrative Team to discuss next year

Financial Information:

Please indicate which payment plan you prefer:

- | | |
|--|---|
| <input type="checkbox"/> Prepay in Full to ACS (by July 5) | <input type="checkbox"/> 4-pay Quarter K-8 (July 5, Oct. 5, Jan. 5, Apr. 5) |
| <input type="checkbox"/> 2-pay Semester to (July 5 & Jan. 5) | <input type="checkbox"/> 12 Monthly Payments K-8 |

Please indicate whether you are eligible for the following discounts:

- Multiple Student Discount
- Pastor Discount (currently in ministry work)
- Full-Time Seminary Student (10 hrs./semester)
- Ashland Grace Brethren Church Member

Office use only:

\$ _____
\$ _____
\$ _____
\$ _____
\$ _____ Total Discount
\$ _____ Total Tuition Due

Parent/Guardian Commitment:

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 children.
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: _____