



## *Classical Christian Education*

### Family/Student Application

Please return applications to:

Auburn Classical Academy  
1901-B Waverly Parkway  
Opelika, AL 36801

[www.auburnclassicalacademy.com](http://www.auburnclassicalacademy.com)

#### **Application Process:**

1. Submit application with \$100 application fee per student. Please include the applicant's most recent standardized test results, attendance record, and report card. The educator filling out the student recommendation form should mail completed form directly to ACA.
2. A member of our administrative staff will contact you to schedule testing/family interview.
3. If accepted, reserve your spot by returning the completed contract and commitment fee.

**FAMILY INFORMATION**

**Academic year applying for:** \_\_\_\_\_

**STUDENT INFORMATION**

**DATE** \_\_\_\_\_

Student's Full Legal Name \_\_\_\_\_  
*Last first middle*

Home Address \_\_\_\_\_  
*Number and Street City State Zip Code*

Preferred Name \_\_\_\_\_ Sex \_\_\_\_\_ Student's School District \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age in Years \_\_\_\_\_ Present Class \_\_\_\_\_ Applying for Class \_\_\_\_\_

Father

Mother

Dr. \_\_\_\_\_ Rev. \_\_\_\_\_ Mr. \_\_\_\_\_

Dr. \_\_\_\_\_ Mrs. \_\_\_\_\_ Ms. \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Address \_\_\_\_\_

Email Address \_\_\_\_\_

Email Address \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Business Name \_\_\_\_\_

Business Name \_\_\_\_\_

Position/Title \_\_\_\_\_

Position/Title \_\_\_\_\_

Business Address \_\_\_\_\_

Business Address \_\_\_\_\_

Business Telephone (\_\_\_\_\_) \_\_\_\_\_

Business Telephone (\_\_\_\_\_) \_\_\_\_\_

Check if appropriate:

Student Applicant lives with:

Parents separated\*

Father deceased

Mother and Father

Legal Guardian

Parents divorced\*

Mother remarried

Mother

Stepmother

Mother deceased

Father remarried

Father

Stepfather

\*If parents are divorced or separated, who is the custodial parent? \_\_\_\_\_

Stepparent's Name \_\_\_\_\_

Stepparent's Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Address \_\_\_\_\_

**\*Note: Unless you indicate otherwise, your home address; home, work and cell phones; and emails will be included in the school directory. Please note any exceptions.**

**SCHOOL INFORMATION**

Present School \_\_\_\_\_ Grades Attended \_\_\_\_\_

Address \_\_\_\_\_  
*Number and Street City State Zip Code*

Head of School \_\_\_\_\_

Please list other schools attended by the student (including pre-schools if applying to kindergarten or 1<sup>st</sup> grade):

School \_\_\_\_\_ Grades Attended \_\_\_\_\_

Address \_\_\_\_\_

School \_\_\_\_\_ Grades Attended \_\_\_\_\_

Address \_\_\_\_\_

School \_\_\_\_\_ Grades Attended \_\_\_\_\_

Address \_\_\_\_\_

Has your child ever skipped a grade?  Yes  No If yes, what grade? \_\_\_\_\_

Has your child ever repeated a grade?  Yes  No If yes, what grade? \_\_\_\_\_

Briefly describe your reason for leaving current school.  
\_\_\_\_\_  
\_\_\_\_\_

Has your child ever received special tutoring?  Yes  No If yes, please indicate the grades(s), subjects(s), and circumstances:  
\_\_\_\_\_  
\_\_\_\_\_

Has your child ever received special counseling or therapy?  Yes  No If yes, please indicate the circumstances:  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any record of disciplinary problems?  Yes  No If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

Has your child ever been dismissed or suspended from any school?  Yes  No If yes, describe briefly the nature of the situation:  
\_\_\_\_\_  
\_\_\_\_\_

Describe special circumstances which might affect this student's performance in school. (Examples might be illness, physical handicaps, learning difficulties, changes of homes or schools.)  
\_\_\_\_\_  
\_\_\_\_\_

**CHURCH AFFILIATION**

Church

Member (yes/no)

Father \_\_\_\_\_

Mother \_\_\_\_\_

Student Applicant \_\_\_\_\_

Please list names of other children in family.

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

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

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

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

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

Does the student have a sibling applying to Auburn Classical Academy this year?    Yes    No

**PARENT QUESTIONNAIRE**

Whenever possible, we ask that both parents participate in completing this form. We appreciate your effort in helping us know your child better.

Name(s) of Person(s) Completing this Form \_\_\_\_\_

Relationship to Student Applicant \_\_\_\_\_

What initiated your search for a new school for your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Comment on your child's greatest strengths and abilities. ? \_\_\_\_\_

\_\_\_\_\_

Comment on what you consider your child's greatest area of need. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student's Name \_\_\_\_\_  
*Last* *first* *middle*

Describe your child's relationship with his/her family.

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Describe your child's relationship with his/her peers.

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What are your child's special interests and extracurricular activities?

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Describe your child's relationship with God.

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Describe the ways in which you integrate your faith into your family's life.

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Describe your expectations of the school and how you see your family as part of Auburn Classical Academy.

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How did you hear about us?

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**AUBURN CLASSICAL ACADEMY  
MEDICAL QUESTIONNAIRE (page 5)**

Student's Name \_\_\_\_\_  
*Last first middle*

Does your child regularly require medication?  Yes  No If yes, please explain:

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Does your child have any known allergies?  Yes  No If yes, please explain:

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Are your child's immunizations up to date?  Yes  No If yes, please explain:

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Please provide a copy of your child's blue card or letter of exemption.

Student's Name \_\_\_\_\_  
*Last first middle*

We understand that withholding or misrepresenting information requested in this questionnaire may jeopardize admission or enrollment at ACA. Our signatures below indicate that all the information contained in this questionnaire is correct, complete, and honestly presented.

Signature of Parent\* \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent\* \_\_\_\_\_ Date \_\_\_\_\_

*\*Both parent signatures are required.*

We have read ACA's statement of faith and acknowledge that the school's teachings are based on the Apostle's Creed.\*

\_\_\_\_\_  
Initial Date Initial Date

We understand that in order for this application to be considered, it must be accompanied by the non-refundable application fee.\*

\_\_\_\_\_  
Initial Date Initial Date

We have given the recommendation form on page 9 to the following person:

Name: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_  
Contact Email: \_\_\_\_\_

and have asked them to return it promptly and directly to ACA.\*

\_\_\_\_\_  
Initial Date Initial Date

*\*Both parent initials are required.*

*ACA does not discriminate on the basis of race, gender, age, disability, or ethnic origin in administration of its educational policies, admission policies, scholarships, athletics, or other school-administrated programs.*

The following pages contain the Student Recommendation Form.

This information should be provided by the applicant's primary classroom teacher. If home schooled, please choose a Sunday school teacher, extracurricular coach, or someone who has experience with the applicant in a formal, instructional setting.





Auburn Classical Academy  
 1901-B Waverly Parkway  
 Opelika, AL 36801

### Student Recommendation

**FOR THE PARENT:** Please give this reference form to a past teacher, educator, or minister who has observed and is able to speak to your student’s academic abilities and classroom demeanor. We ask that you have the educator filling out the form to return it *directly* to ACA.

**FOR THE RECOMMENDER:** Please fill out reference form and return it *directly* to Auburn Classical Academy at 1901-B Waverly Parkway, Opelika, Alabama, 36801. These recommendations will help us get a better picture of the student’s abilities and help us gauge the likelihood of success for the student in our school. We ask that you be honest and deliberate in your answers. These forms will be kept private. Feel free to use another sheet of paper for the questions if you would like to elaborate. Thank you!

Student Name: \_\_\_\_\_ Incoming Grade: \_\_\_\_\_

Recommender Name: \_\_\_\_\_ Date: \_\_\_\_\_

	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
Auburn Classical Academy offers a rigorous and challenging academic curriculum. Do you agree this student would do well in such a setting?					
Auburn Classical Academy offers a small classroom setting for its students. Do you agree this student would do well in a classroom setting?					
Do you agree that this student behaves well and interacts well with other students?					
Do you agree that this student follows instructions and is respectful and obedient toward elders and teachers?					

What are the strengths of the student?

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What are the weaknesses of the student?

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Are you aware of any behavioral or learning issues that might hamper the student's success at ACA?

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From a teacher's perspective, does the applicant receive proper academic and disciplinary support from his/her parents?

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Describe how the applicant interacts with his/her peers within the school setting.

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Overall, would you or would you not recommend this student for enrollment at ACA?

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What level of academic success would you anticipate for this applicant?

- Highest achievement
- Above average achievement
- Average achievement
- Below average achievement

Your name \_\_\_\_\_

May we contact you if we have further questions? \_\_\_\_\_

If yes, what is your preferred method of contact?

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**Please submit completed Recommendation Form via USPS or email:**

Auburn Classical Academy  
1901-B Waverly Parkway  
Opelika, AL 36801

[information.aca@gmail.com](mailto:information.aca@gmail.com)

**Thank you for your assistance.**