



NEW STUDENT APPLICATION

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 1st 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.

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

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

Describe your child's relationship with God.

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

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

How did you hear about us?

Student's Name _____
Last first middle

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

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

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

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.

Please return applications to:

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

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.



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?

What are the weaknesses of the student?

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

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

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

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

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?

Please submit completed Recommendation Form via USPS or email:

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

info@auburnclassicalacademy.com