ANTIOCH CHRISTIAN ACADEMY

Enrollment Information
New Student
2021 - 2022

Antioch Christian Academy is a Christian educational institution whose goal is to provide area young people with an excellent educational opportunity from a Christian perspective. Solid academics and conservative lifestyle reflect the Academy's commitment to distinctively Christian principles. The program is open to all who share a similar philosophy, without regard to denominational affiliation, race, color, or ethnic/national origin.

The enrollment packet includes the following items:

1. Student Application
2. Student Medical History
3. Student Immunizations and Physical Form (to be signed by physician)
4. Student Agreement
5. Parental Agreement
6. Teacher Evaluation (1^{st} -12^{th} Grade)

The procedure for seeking enrollment is as follows:

1. Return the completed forms to the school office along with payment of the application fee, birth certificate, and immunization record.
2. Arrange for an interview with the Principal and a date for entrance testing
3. Final acceptance for enrollment is conditional upon completion of satisfactory interview, test results, and payment of registration fee.
4. Placement on the waiting list will be determined by payment of registration fee.

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5071 Old Whiteville Road Lumberton, NC 28358 Phone: 910-735-1011 Web: www.acanc.org

ADMISSIONS PROCEDURE

Parents or guardians may register students by obtaining an application from the school office and returning the completed form, along with the application fee, to the office. Fees cannot be refunded.

- A date will be arranged for interviewing and testing your child, after which you will be notified of the results. Antioch Christian Academy is not equipped to accommodate children with severe learning disabilities. Any student scoring below grade level on the entrance test may be asked to repeat the last grade attended.
- New students in grades 7-12 must be interviewed by the Admissions Committee, which will make the final decision about student acceptance to ACA.
- A new student must have a 3 or higher on the EOG to be promoted to the next grade level. New students with a 2 or Lower may be asked to repeat the previous grade.
- All new students are accepted on a six-week probationary period for academics/behavior. The student will be reevaluated at that time.
- Antioch Christian Academy is a private institution and it reserves the privilege of setting and maintaining its own standards for student conduct, dress, and scholarship. It is understood that to be a student at ACA is a privilege and not a right, which privilege may be taken away from any student who does not conform to the standards and regulations of the institution. Therefore, the school maintains the right to admit only those students who are in harmony with the standards set forth in the policies of ACA.

STATEMENT OF FAITH

1. We believe in personal salvation by faith in the blood of Jesus Christ, which He shed on the cross of Calvary for remission of sins for all who believe.
2. We believe that the Bible in the plenary, verbally inspired, inerrant Word of God.
3. We believe that the Lord Jesus Christ was raised bodily from the tomb and now sits at the right hand of God the Father in Heaven, making intercession for all born-again believers.
4. We believe that Christ will return bodily to call His church unto Himself.
5. We believe in the eternal security of the born-again believer.

EDUCATIONAL OBJECTIVES

1. Prepare children spiritually by instilling in them a love for the Lord Jesus Christ, God the Father, and the Holy Spirit.
2. Prepare children to live successfully.
3. Encourage children to think clearly, logically, and independently.
4. Offer an instructional program that meets the academic needs of children, leading them to mastery in learning and communication.
5. Develop an understanding of the world in which they live so that they can impact the world for Christ.
6. Develop a sense of responsibility in each child both as citizen and as a Christian.
7. Develop a moral, ethical, and spiritual sense, which will aid them in appreciation of their own personal worth and that of others.
8. Provide opportunities for developing skills necessary to make a living.
9. Provide opportunities to participate in wholesome forms of recreation.
10. Prepare each child for spiritual leadership in school, home, church, community, state, nation, and the world.

DRESS CODE – UNIFORMS REQUIRED

The following dress code will be enforced beginning with the first day of school:
Shirts: Polo and oxford shirts of varying colors with the school's logo are the only acceptable shirts for school. In cold weather, fleeces with the school logo will acceptable. Polos and oxfords must remain tucked in during the school day. All students must wear a belt.
Pants (boys): Must be khaki or navy in color, no baggy or low-riders.
Skirts/Pants/Capri's (girls): Must be khaki or navy in color, pants/capri's may not be tight, skirts must be at or below knee length (including splits) and not too tight
Shorts (boys & girls): Must be khaki or navy in color, must be at or below knee, and must not be tight.
Footwear: For the safety of all students, open-toed shoes, flip-flops, crocs, heelies, sandals, slip-ons, or loafers of any kind are not permitted. All shoes must have either straps or laces, with straps and laces secured. All students must wear socks. Girls under grade 7 may not wear a heel higher than ½". Girls in grades 7-12 may not wear a heel higher than 2".
Physical Education Grades 7-12: Tee shirts with school's logo and khaki or navy shorts (shorts section above).
Tattoos/Piercing: Tattoos are not permitted. Earrings are allowed but only in ears (females only, two per ear).
Failure to comply: Students wearing anything inappropriate will be sent home immediately.

STUDENT APPLICATION FORM

Name_____ Home Phone_____
(last) (first) (middle)

Address_____

Date of Birth_____ Male/Female_____ Age_____ Student's Social Security #: _____

Father's Name_____ Employed by _____Position_____

Father's Business Phone_____ Cell Phone_____

Mother's Name_____ Employed by_____ Position_____

Mother's Business Phone_____ Cell Phone_____

Parents' Marital Status: Married_____ Widow_____ Divorced_____ Separated_____

Primary Email Address _____

Scholastic Information

INITIAL ENROLLMENT GRADE AT ACA: _____

School last attended_____ Year_____ Grade Completed _____

School Address_____

Academic Level at previous school (circle): Excellent Good Average Fair

Has this child ever been retained?_____ Grade_____

Ever suspended/expelled?_____ Grade_____ (If "YES") Reason:_____

Ever refused admission to another school?_____ Explain:_____

Any disciplinary difficulties:_____ Explain:_____

Does student have an Individualized Education Plan (IEP) provided under the Federal Individuals with Disabilities Education Act (IDEA) of 1997? _____

Does student have a Section 504 Plan provided under the Federal Rehabilitation Act of 1973? _____

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OFFICE USE ONLY

DATE - _____ **TIME -** _____ **ACA REP**_____

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Antioch Christian Academy
Religious Information

Church currently attending_____ Phone_____

Pastor_____ Church Address_____

Is father a Christian? Yes_____ No_____ Is mother a Christian? Yes_____ No_____

Has the applicant ever made a profession of faith in Christ? Yes_____ No_____ Date_____

Character Information

Has the applicant ever been arrested? _____

Has the applicant ever been prosecuted for a crime? _____

Has the applicant ever used tobacco, alcohol, or illegal drugs? _____

Medical Information

Family Physician _____ Address_____ Phone_____

Does the applicant have any physical disabilities or allergies? _____

Has the applicant received all the required immunizations?_____

ADMISSION CONTRACT

I have answered the questions on all forms contained herein truthfully and to the best of my ability.

I have never been nor am I currently involved in litigation against a private / Christian School or the employees thereof.

I understand that attendance at ACA is a privilege and not a right, which privilege may be forfeited by any student who does not conform to the standards and regulations of the Academy, and that the Academy may request the withdrawal of any student at any time.

I understand that the Academy has the right to:

1) Determine the class to which the child shall be assigned,
2) Suspend or expel the child for any scholastic or disciplinary reason or cause,
3) Judge the sufficiency of such reason or cause,
4) Accept or not accept this applicant as a student.

All student applications for enrollment are subject to review and approval by the Admissions Committee of ACA and the ACA Board of Directors. Antioch Christian Academy does not discriminate against applicants on the basis of sex, race, color, or national or ethnic origin.

Signature

Mother:_____ Date: _____

Father:_____ Date: _____

Legal Guardian: _____ Date: _____

Note: Application fee must be paid when this form is submitted to the Academy.

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Student Medical History

Student's Name _____ Birth Date _____ Sex _____

Father's Health _____ If deceased, cause _____

Mother's Health _____ If deceased, cause _____

PAST DISEASES – If your child has had any of the following, state age when child had them:

Mumps _____ Diphtheria _____ Scarlet Fever _____ Measles _____ Asthma _____

Heart Disease ____ Convulsions _____ Whooping Cough ____ Pneumonia _____ Polio _____

Hay Fever _____ Chicken Pox _____ Rheumatic Fever ____ Diabetes _____

Ear Discharge ____ Venereal Disease ___

RECENT DISABILITIES – Please check any that have been noted in child recently:

Frequent Colds _____Fainting Spells _____ Hearing Problems _____ Frequent Sore Throat _____

Abdominal Pains ____ Tires Easily _____ Poor Vision _____ Frequent Urination _____

Breath Shortness ____ Leg Pains _____ Allergies _____ Frequent Sties _____

Dizziness _____ Persistent Cough ____ Ringworm _____ Speech Problems _____

Nose Bleeding _____ Dental Defects _____ Crippling Conditions _____ Hernia _____

Does your child have a disability due to illness or accident?_____

Has your child had a skin test for tuberculosis?_____

Has your child been associated with a tubercular patient? _____ **When?** _____

PERSONAL RECORD – Please answer all of the following:

Is the child shy?_____ Overactive? _____Bite Fingernails? _____ Play well with others? _____

Suck Thumb? _____ Have many fears? _____ Have temper tantrums? _____ Eat Breakfast? _____

When is the child's regular bedtime? _____ When is the child's regular rising time? _____

SIGNATURE OF PARENT:_____**DATE:**_____

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Immunizations and Health Assessment

Child's Full Name_____ Date of Birth_____

Parents_____

Child's Address_____

SECTION 1 (To be completed/signed by a physician)

Date_____ Weight_____ Height_____ Blood Pressure_____

Vision Right_____ Left_____ Referred to Eye Doctor Yes_____ No_____

Comments_____

Hearing Right_____ Left_____ Hearing Loss Identified Yes___ No_____

Comments_____

Developmental Screening Within Normal Range_____ Needs Follow-UP_____

Illnesses of Developmental Problems (Check any of the following that the child has):

_____ Asthma
_____ Bowel Problems
_____ Cystic Fibrosis
_____ Dental Problems
_____ Ear Infections
_____ Meningitis
_____ Skin Problems
_____ Urinary/Bladder
_____ Bleeding Problems
_____ Cancer/Leukemia
_____ Cerebral Palsy
_____ Diabetes
_____ Heart Problems
_____ Sickle Cell Anemia
_____ Speech Problems
_____ Other
_____ Bone/Muscle Problems
_____ Attention/Learning
_____ Convulsions/Seizures
_____ Emotional/Behavioral
_____ Hearing Problems
_____ Vision Problems
_____ Stomach Aches
_____ NONE

For those illnesses or developmental problems checked above, provide additional information on the reverse side of this sheet.

Does this child take medication on a regular basis? Yes_____ No_____

If yes, list the medication, dose, and possible side effects._____

_____

Does this medication need to be given at school? Yes_____ No_____

If yes, list frequency and duration._____

Note: No student will be excused from P.E. without a written excuse from a physician

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SECTION 2 (To be completed by health care provider)

IMMUNIZATION RECORD

Enter the date of EACH dose – Month/Day/Year					
Vaccine	#1	#2	#3	#4	#5
DTaP, DTP, DT					
Polio					X
Hib					X
Hepatitis B				X	X
MMR			X	X	X
Measles			X	X	X
Mumps		X	X	X	X
Rubella		X	X	X	X
Varicella		X	X	X	X

STATE LAW REQUIRES THE FOLLOWING MINIMUM DOSES:

5 DtaP, DTP, DT doses (if 4th dose is after 4th birthday, 5th does is not required; DT requires medical exemption.)

4 POLIO VACCINE doses (If 3rd dose is after 4th birthday, 4th does in not required.)

1-4 Hib doses (Series complete if at least 1 dose given on/after 15 months and before 5 years of age; not required after age 5.)

3 Hepatitis B doses (Children born on or after July 1, 1994 are required to have 3 doses.)

2 Measles doses (at least 30 days apart; 1st dose on/after 12 months of age)

1 Mumps dose (on/after 12 months of age)

1 Rubella dose (on/after 12 months of age)

1 Varicella dose (Children born on or after April 1, 2001 without documented history of disease)

Exemptions from the North Carolina Immunization Law require that a statement must be on file at school in student's permanent record. Exemptions must meet requirements of the law. Consult the local health department.

Medical Exemption_____ **Religious Exemption**_____

Signature of Health Care Provider:_____ **Date:**_____

Address:_____ **Phone #:**_____

Antioch Christian Academy
Parental Agreement

Antioch Christian Academy maintains high personal and academic standards because of the belief that Christians should display excellence in every area of life. We recognize that these standards run contrary to current, popular lifestyles. However, our purpose is to reflect a quality of living that is exemplary of Biblical standards.

The school sees itself as being a support role to parents. We hold that parents are primarily responsible for their child's development. Therefore, we rely heavily on active parental participation in their child's school life.

Since it is our belief that excellence should be maintained and that parents should be involved, we need your cooperation in three major areas. Please read the expectations for our parents and then indicate your agreement by signing below.

1. Parental Involvement by:
Attendance at school functions
Assistance in fundraising activities
Service on volunteer committees

2. Parental Loyalty in:
Praying for the school
Publicizing the school
Carrying grievances to proper sources for their resolution

3. Parental Support in:
Matters of discipline
Dress code
School attendance/tardies
Homework assignment

4. Parental Responsibility in:
Meeting tuition and fees payments in a timely fashion.

Tuition Agreement

It is understood and agreed that tuition is payable monthly in advance, for ten months, beginning on August 1 and concluding on May 1. Tuition is due on the 1st of each month. A late fee of 1.5% of the balance due will be added on the 10th of each month.
It is further agreed that if tuition in not paid by the end of each month, the student may be suspended until full payment is made.
It is through a joint effort with parents and staff that ACA will be of maximum service to your child. Your signing this form indicates your willingness to become involved and supportive.

Signature:
Father:_____ Date:_____

Mother:_____ Date:_____
Note: Application fee must be paid when this form is submitted to the Academy.

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Antioch Christian Academy
Student Agreement

Antioch Christian Academy has been established first and foremost for the purpose of providing a Christian education for its students. To do this, we believe the Bible must be our standard; we seek to apply Biblical principles to every aspect of school life. We believe that the Board of Directors, faculty, staff, students, and parents all need to work together to accomplish this.

Therefore, students are expected to abide by the following rules:

1. To submit to Biblical authority as the standard for all behavior.
2. To obey those in positions of authority at ACA.
3. To obey the rules and regulations of the Academy.
4. To show respect and common courtesy to teachers, staff, and fellow students.
5. To seek to be an example of good conduct and behavior according to our standards of conduct.
6. To seek to maintain a positive attitude toward the school.

I have carefully read the above rules and understand that any infraction on my part will be dealt with on an individual basis and may result in suspension or expulsion.

Student's Signature:_____ **Date:**_____