

Welcome to



# ATLANTIC CHRISTIAN ACADEMY

*Integrating Faith, Love and Learning*

At ACA, we are dedicated to training up the next generation of Christian leaders through the integration of faith and learning in a loving environment. We have a gifted team of teachers who are committed to partnering with Christian families in the education of their children by building upon what is being taught at home and in the church. ACA is set apart by its loving staff, specialized instruction and low teacher/student ratio. Biblical truths are woven throughout academics, the arts and athletics and applied in everyday school settings. One of our primary goals is to glorify God by raising up servant leaders who develop a Christian worldview with a desire to impact the world for Christ.

## Admissions Process

We are excited that you are considering ACA as a school for your child! We look forward to meeting you and assisting you with the following steps:

- **Meet our staff and schedule a tour**  
Contact [admissions@atlanticchristianacademy.org](mailto:admissions@atlanticchristianacademy.org) or call 561-686-8081
- **Submit a completed application with the Application/Testing Fee**
- **Schedule a testing date** *Academic entrance exams are required for all students in the elementary and secondary schools. This assists us in properly placing your child in the correct classes and assuring that we can meet your child's academic needs.*
- **Initiate the Recommendation Form process**
- **Submit copies** of your child's most recent report card/transcript and standardized test results
- **Submit a copy** of your child's most recent photo and birth certificate
- **Schedule a Parent/Student Interview with an Administrator**
- **Submit the Enrollment/Activity Fee**

*By wisdom a house is built and through understanding it is established; by knowledge the rooms are filled with rare and beautiful treasures.  
Proverbs 24:3-4*

## Tuition Assistance is Available

- **ACA Need-Based Scholarship** *At ACA, our desire is to make Christian Education an option for every child. There is available assistance for tuition through an application process. Please email [admissions@atlanticchristianacademy.org](mailto:admissions@atlanticchristianacademy.org) for more information.*
- **Multiple Child Discount** *10% off each tuition for additional child  
Not applicable when receiving tuition assistance from Atlantic Christian Academy's Tuition Assistance Program (ATAP).*
- **Step Up For Students** *This scholarship is based solely on your income and the number of persons living in your household. This is a tax credit scholarship offered by the state of Florida to students entering kindergarten through twelfth grade. Information about this scholarship is available at [www.stepupforstudents.org](http://www.stepupforstudents.org) or 1-877-735-7837.*
- **McKay Scholarship** *The John McKay Scholarship is offered by the State of Florida to students who are currently enrolled in school and have an IEP (Individual Education Plan). In order to receive this scholarship, the parent must file a Notice of Intent and follow the instructions provided. Information regarding the John McKay Scholarship is available at [www.floridaschoolchoice.org](http://www.floridaschoolchoice.org) or by calling 1-800-447-1636.*

## Tuition

• <b>Kindergarten</b> .....\$8,000 K5
• <b>Elementary</b> .....\$9,200 1st-5th Grades
• <b>Middle School</b> .....\$9,500 6th-8th Grades
• <b>High School</b> .....\$9,800 9th-12th Grades
• <b>Application/Testing Fee</b> .....\$100 <i>(non-transferrable and non-refundable)</i>
• <b>Enrollment/Activity Fee</b> .....\$600 <i>Per student. Includes books, materials, local field trips and activities (non-transferrable and non-refundable)</i>

## Tuition Payment Options

### Option A

- **PAY IN FULL** by July 1 for -3% maximum savings

### Option B

- **Bi-annual payments**  
1/2 tuition due July 1  
1/2 tuition due Dec. 15

### Option C

- **12 Month payment plan**  
*June - May Set up by "FACTS", a tuition management company. Use the Admissions/Tuition tab of our site [www.atlanticchristianacademy.org/admissions/tuition](http://www.atlanticchristianacademy.org/admissions/tuition) to enroll.*

## Family Commitment

Atlantic Christian Academy is dedicated to keeping your tuition affordable. Every contribution is beneficial and helps to offset the cost of education that tuition does not cover. Please pray about how you, too, can help support the ministry of Atlantic Christian Academy.

***We are a Christ centered, non-denominational Toddler through 12th grade school. Welcome!***



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

**School Year:** \_\_\_\_\_

**Entering Grade:** \_\_\_\_\_

**Elementary Student Application** *(please print)*

Student's Full Legal Name: \_\_\_\_\_

Student prefers to be called: \_\_\_\_\_

Student's Home Address \_\_\_\_\_  
 \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Student's Place of Birth: \_\_\_\_\_ Is student a US Citizen?  Yes  No

**Name of Sibling(s) Currently Attending ACA:** \_\_\_\_\_

McKay Recipient  Step Up for Students (Florida Pride)

*Atlantic Christian Academy has a non-discriminatory policy and admits students of any race, color, and national or ethnic origin. However, to assist us in complying with accreditation and government regulations, we request the following information:*

Student Ethnicity/Race:

Alaska Native  American Indian  Asian  Black/African-American  
 Hispanic/Latino  Native Hawaiian  Pacific Islander  White  Other \_\_\_\_\_

**Natural parents are:**

Married  Not Married  Separated  Legally Divorced  Natural Mother Deceased  Natural Father Deceased

\_\_\_\_\_  
 Mother's Name

\_\_\_\_\_  
 Father's Name

\_\_\_\_\_  
 SSN

\_\_\_\_\_  
 SSN

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City State Zip

\_\_\_\_\_  
 City State Zip

\_\_\_\_\_  
 Preferred Phone Number Home Phone Number

\_\_\_\_\_  
 Preferred Phone Number Home Phone Number

\_\_\_\_\_  
 Work Phone Number Cell Phone Number

\_\_\_\_\_  
 Work Phone Number Cell Phone Number

\_\_\_\_\_  
 Mother's E-mail Address

\_\_\_\_\_  
 Father's E-mail Address

\_\_\_\_\_  
 Mother's Occupation

\_\_\_\_\_  
 Father's Occupation

\_\_\_\_\_  
 Mother's Employer

\_\_\_\_\_  
 Father's Employer

\_\_\_\_\_  
 Mother's Home Church

\_\_\_\_\_  
 Father's Home Church

\_\_\_\_\_  
 Pastor

\_\_\_\_\_  
 Pastor

\_\_\_\_\_  
 Dates Attended

\_\_\_\_\_  
 Dates Attended

## Child Custody

*Copies of legal documents should accompany this application.*

If parents are divorced or separated, who has legal custody of the child? \_\_\_\_\_

Is either parent forbidden by court order from having equal access to the child or the school records?  No  Yes

If yes, name of parent who may **not** have access: \_\_\_\_\_

*(Written documentation is required prior to enrollment.)*

If student does not live with both natural father and natural mother, please indicate with whom the student lives:

Natural mother only  Natural father only  Natural mother and stepfather  Natural father and stepmother  Guardian

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

Address: \_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Home Church: \_\_\_\_\_ Pastor: \_\_\_\_\_

### Student Lives With:

Please list **ALL** persons living in the home with the child and their relationship to the child:

**Name**

**Relationship**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

### We understand that as a student of Atlantic Christian Academy:

1. Our child may go on scheduled off campus field trips and participate in other school activities.
2. Our child's picture and name may be used on the school's website, in school publications and/or promotional material.
3. Class placement is the decision of the school administration.
4. The school has the right to dismiss any student who does not respect its spiritual standards, disciplinary procedures, or cooperate in the educational process and atmosphere set forth by the administration.

Mother's Name: \_\_\_\_\_

*(please print)*

Father's Name: \_\_\_\_\_

*(please print)*

Legal Guardian's Name: \_\_\_\_\_

*(if applicable)*

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

## Student Information

How did you hear about ACA?  Current ACA family (Referred by: \_\_\_\_\_)

Website  Radio  Other \_\_\_\_\_

Why do you feel Atlantic Christian Academy is the right choice for your child? \_\_\_\_\_

\_\_\_\_\_

What is your child's attitude toward attending ACA? \_\_\_\_\_

\_\_\_\_\_

Describe how you perceive your child's spiritual life: \_\_\_\_\_

\_\_\_\_\_

Describe your child's opinion of himself or herself, as you see it. Include the strengths of that self-image and describe any areas where we could be of help: \_\_\_\_\_

\_\_\_\_\_

How does your child relate to the other members of your family? For instance, are there brothers or sisters, grandparents, or stepparents at home? Please mention those relationships or circumstances that are important to help us understand your child.

\_\_\_\_\_

Describe your child's response to authority: \_\_\_\_\_

\_\_\_\_\_

Has your child ever received counseling or testing for behavioral, emotional, discipline, or learning problems? \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Are there any special circumstances in your child's life and/or home situation that you would like us to be aware of?  Yes  No  
If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

**If you would rather describe this situation during a personal interview, please check here.**

Is there anything else you would like to share? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## School History

If this is your child's first school experience, please check here.

### Previous Schools Attended

School Name	Address	Telephone #	Grades Attended	Year

Have you ever applied for admission to Atlantic Christian Academy before?  Yes  No

If yes, when? \_\_\_\_\_

Why are you leaving your present school? \_\_\_\_\_

\_\_\_\_\_

Has your child ever repeated a grade?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Has your child ever been suspended or expelled from any school?  Yes  No

If yes, please explain and provide the name of the school and principal: \_\_\_\_\_

\_\_\_\_\_

Has your child ever been tested for or enrolled in any of the following?

Gifted  Learning Disability  Speech Therapy  Physically Handicapped  Attention Deficit

Other \_\_\_\_\_

### Foreign Language Studies

Has your student ever studied a foreign language?  Yes  No

If yes, what language and for how many years? \_\_\_\_\_

If yes, is your student fluent in this language?  Yes  No

Does your student read and write in this language?  Yes  No

*Atlantic Christian Academy has a non-discriminatory policy and admits students of any race, color, and national or ethnic origin*



## Educational Special Needs Identification

Student's Name: \_\_\_\_\_  
(please print)

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

Atlantic Christian Academy believes it is in the best interest of your child that we know as much about school related needs as possible. **Please identify any special medical, behavioral, or educational needs that your child may have.**

List need(s); if none, write NONE:

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**Please sign form at bottom** (If you listed a need)

**If a professional evaluation of your child's needs has been completed within the last three years, please provide our Admissions Office with a copy.** As we try to gather information on your child it is often helpful to communicate with the professionals that have worked with your child in the past. Please sign below to give your consent for us to communicate with them.

I, \_\_\_\_\_, the \_\_\_\_\_  
(Printed name of mother, father, or guardian) (Mother / Father / Guardian)

of \_\_\_\_\_  
(Name of student)

*give my permission for the Atlantic Christian Academy staff to consult with my child's previous school(s), physician(s), counselor(s), psychologist(s), agency personnel, or other professional(s) on the phone and/or in writing in regard to the above named student. Permission is also given for the above mentioned professionals to share information with school personnel.*

Please provide us with the name(s) and number(s) of any professional(s) that will be able to give us information on your child's needs including the phone number and contact of the previous school.

\_\_\_\_\_  
Name of Previous School

\_\_\_\_\_  
Phone # / Email

\_\_\_\_\_  
Contact

\_\_\_\_\_  
Phone # / Email

\_\_\_\_\_  
Contact

\_\_\_\_\_  
Phone # / Email

\_\_\_\_\_  
Signature of Parent/Legal Guardian

*Atlantic Christian Academy will do its best to remediate or address a special need.  
We will look at each situation and make accommodations  
and provide assistance when we are able.*



**ATLANTIC**  
CHRISTIAN ACADEMY  
*Integrating Faith, Love and Learning*

At ACA our desire is to partner with you as parents in providing a quality Christian education for your child. In order to co-labor effectively, it is important that we are like-minded in how to best invest in your child spiritually, academically, and socially. Our goal is to minister to you as a family as well as to your child.

**Our mission:**

*Atlantic Christian Academy is committed to glorifying God by discipling students in a loving community that pursues excellence as we partner with parents in Christian education.*

**We do this through the integration of faith, love and learning.**

As a Christian School, we believe the Bible is the Word of God and we adhere to the following *Statement of Faith* to guide us in our daily mission:

**STATEMENT OF FAITH**

- 1 We believe there is one living and true God, eternally existing in three persons; the Father, the Son, and the Holy Spirit.
- 2 We believe in Jesus Christ, God's only begotten Son, conceived by the Holy Spirit. We believe in His virgin birth, sinless life, miracles, and teachings; His substitutionary atoning death; bodily resurrection; ascension into heaven; perpetual intercession for His people; and personal, visible return to earth.
- 3 We believe in God, the Father, an infinite, personal Spirit, perfect in holiness, wisdom, power, and love; that He concerns Himself mercifully in the affairs of men; that He hears and answers prayer; and that He saves from sin and death all who come to Him through Jesus Christ.
- 4 We believe in the Holy Spirit, who came forth from the Father and Son to convict the world of sin, righteousness, and judgment and to regenerate, sanctify, and empower in ministry all who believe in Christ. We believe the Holy Spirit indwells every believer in Jesus Christ and that He is an abiding Helper, Teacher, and Guide.
- 5 We believe all people are by nature separated from God and responsible for their own sin, but that salvation, redemption, and forgiveness are freely offered to all by the grace of our Lord Jesus Christ. When a person repents of sin and accepts Jesus Christ as his/her personal Lord and Savior, trusting Him to save, that person is immediately born again and sealed by the Holy Spirit, all of his/her sins are forgiven, and that person becomes a child of God, destined to spend eternity with the Lord.
- 6 We believe that all the Scriptures of the Old and New Testaments are the Word of God, fully inspired and that they are the infallible rule of faith and practice.
- 7 We believe God created the universe perfectly out of nothing. As believers, we recognize that our calling is to be good stewards of His creation, bringing Him honor and glory.
- 8 We believe in what is termed, "The Apostles' Creed" as embodying all the fundamental doctrines of orthodox Christianity.
- 9 We believe in Christ's "Great Commission" in Matthew 28:19 to "Go therefore and make disciples of all the nations, baptizing them in the name of the Father and of the Son and of the Holy Spirit."

***By signing below I acknowledge my support of the statement of faith and mission of Atlantic Christian Academy. I will do my best to partner with the school to help my child receive the very best Christian education.***

Father's Name

Please Print \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_

Mother's Name

Please Print \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_

Student's Name Please Print \_\_\_\_\_



# 2015-2016 Financial Agreement Form

4900 Summit Blvd. • West Palm Beach, FL 33415 • 561.686.8081 • [www.atlanticchristianacademy.org](http://www.atlanticchristianacademy.org)

- (1) The Enrollment/Activity Fee is per student and includes books, materials, local field trips and activities. It is non-transferrable and non-refundable and must be paid at the time of enrollment.
- (2) The charge for tuition is an annual fee, divided into equal installments. It is not based on a daily or calendar month fee.
- (3) A \$30.00 NSF Fee will be charged for all returned checks paid to Atlantic Christian Academy and for automatic draft and returned checks to FACTS. A second attempt will be made to: 1) deposit returned checks by ACA, and 2) deduct all automatic drafts on the following payment cycle by FACTS.
- (4) Late payments will incur a \$25.00 fee.
- (5) Overdue accounts may result in the student not being permitted to attend school, participate in afterschool activities or attend special class trips until the account is brought current.
- (6) Costs expended by the school for a student to attend a trip or event which they do not attend will be charged to the family account.
- (7) Your account with Atlantic Christian Academy is a family account. All past due balances for school tuition, extended care and any other miscellaneous charges must be paid in full in order for the student to receive their report card, transcript or records.
- (8) A \$200.00 withdrawal fee will be incurred if a student is withdrawn before the completion of the school year. After the start of the school semester, the entire semester tuition will be due. Please submit a withdrawal form to the school office on or before the final day of attendance.

## Tuition

• <b>Kindergarten</b> .....	\$8,000
<i>K5</i>	
• <b>Elementary</b> .....	\$9,200
<i>1st-5th Grades</i>	
• <b>Middle School</b> .....	\$9,500
<i>6th-8th Grades</i>	
• <b>High School</b> .....	\$9,800
<i>9th-12th Grades</i>	
• <b>Application/Testing Fee</b> .....	\$100
<i>(non-transferrable and non-refundable)</i>	
• <b>Enrollment/Activity Fee</b> .....	\$600
<i>Per student. Includes books, materials, local field trips and activities (non-transferrable and non-refundable)</i>	

## Tuition Payment Options

### Option A

- **PAY IN FULL**  
Pay tuition by July 1  
for -3% maximum savings

### Option B

- **Bi-annual payments**  
1/2 tuition due July 1  
1/2 tuition due Dec. 15

### Option C

- **12 Month payment plan**  
Set up by FACTS  
*June through May*

**Person Responsible for Child's Tuition Account** *Upon enrollment of my child, I will be financially responsible for the student named below and will adhere to the policies of Atlantic Christian Academy as stated above.*

Printed Name(s): \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Billing address: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade in 2015-2016: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade in 2015-2016: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade in 2015-2016: \_\_\_\_\_

Signature of person(s) responsible (*required*): \_\_\_\_\_ Date: \_\_\_\_\_

**Family Commitment** *Atlantic Christian Academy is dedicated to keeping your tuition affordable. Every contribution is beneficial and helps to offset the cost of education that tuition does not cover. Please pray about how you, too, can help support the ministry of Atlantic Christian Academy.*





## Confidential Elementary School Reference Form

This is an official request for a school reference for the student named below. The parent/guardian's signature on this form authorizes you to send the requested information to Atlantic Christian Academy. Please return this form to the address above.

Student Name: *(please print)* \_\_\_\_\_ Applying for Grade: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your candid estimate of the applicant will be of invaluable assistance to the Admissions Office and your comments will be held in strict confidence. Please rate the applicant by circling the appropriate quality in each area.

Adjustment to new situations	Easily and consistently	With some caution	Transitions with coaxing	With difficulty	Unable to transition
Shows self-confidence	Bold and confident	Confident	Shy but confident	Shy	Shy and withdrawn
Shows respect for adults	Always respectful	Usually respectful	Occasionally disrespectful	Usually disrespectful	Always disrespectful
Enters into play with others	Easily	Usually	Average	With encouragement	Rarely
Carries out responsibility	Assumes much responsibility	Conscientious	Usually dependable	Somewhat dependable	Unreliable
Response to discipline	Always repentant	Repentant	Cooperative	Apathetic	With anger and resentment
Listens attentively	Always	Usually	Occasionally	With correction	Hardly ever
Finishes work consistently	Seeks additional work	Completes assignments	Occasional prodding	Needs constant prodding	Seldom works, even under pressure
Fine motor skills	Significantly above average	Somewhat above average	Average	Somewhat below average	Significantly below average
Gross motor skills	Excellent	Above average	Average	Below average	Unsatisfactory
Visual motor skills	Excellent	Above average	Average	Below average	Unsatisfactory

*Continued on reverse side*

**Confidential Elementary School Reference Form** *continued*

I recommend this student as ready for the grade level for which they are applying. Please check one:

No    Yes    With some reservations

Please comment as to why you would/would not recommend this student for enrollment at Atlantic Christian Academy.

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Name of School \_\_\_\_\_ Principal/Headmaster \_\_\_\_\_

School Address \_\_\_\_\_

Name of Teacher \_\_\_\_\_ Phone # / Email \_\_\_\_\_

Subject Area or Grade Taught \_\_\_\_\_

Signature of Teacher \_\_\_\_\_ Date Completed \_\_\_\_\_

Please check here if you would like our Admissions Coordinator or School Principal to call you regarding this recommendation:

**For Private Schools Only**

The parent/guardian meets their financial responsibilities:

always on time       usually on time       often late       consistently late

The family is leaving your school with:

a clear, up-to-date account       an unpaid balance

**Thank you for your time!** Please return this form to the address at the top of the first page.

*Atlantic Christian Academy has a non-discriminatory policy and admits students of any race, color, and national or ethnic origin.*



**Please return to:**  
 Admissions Department  
 Atlantic Christian Academy  
 4900 Summit Boulevard  
 West Palm Beach, FL 33415  
 Phone: 561-686-8081 FAX: 561-640-7613

***Family***

**Church Reference** *Confidential*

**To be completed by a pastor or a person in leadership in your church who is familiar with your family and returned directly to the address above.**

Name(s) of Student(s) <i>(please print)</i> _____	Grade _____
_____	Grade _____
_____	Grade _____
_____	Grade _____
_____	Grade _____

Parent/Legal Guardian *(please print)*: \_\_\_\_\_ Signature: \_\_\_\_\_

The student(s), named above, is seeking admission to Atlantic Christian Academy. *Atlantic Christian Academy is committed to glorifying God by discipling students in a loving community that pursues excellence as we partner with parents in Christian education.* We do this through the integration of faith, love and learning.

As part of our admission process, we value the input of those who have been involved in the spiritual life of the family.

I know this family:  very well  well  somewhat  by sight  not at all

I have known this family for \_\_\_\_\_ years or \_\_\_\_\_ months.

***Do the Parents...***

- have a personal commitment/devotion to Jesus Christ?
- have a good working knowledge of the Bible?
- have a life that reflects Christian ethics?
- manage their household well?
- exhibit control over their emotions?
- actively extend Christ's love to others?
- have a desire to learn and grow spiritually?
- deal with conflict in a biblical manner?
- seem content with their life?
- regularly attend church service?
- have a good influence on others?
- exhibit self-discipline?
- exhibit firm but loving control over child(ren)?

	<b>Outstanding</b>	<b>Good</b>	<b>Fair</b>	<b>Weak</b>	<b>Not Observed</b>

*Continued on reverse side*

Do you have any additional thoughts regarding the "Parent" categories described on page 1?

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How would you describe the parent/child relationship in this family?

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Is there anything special about this family that you would like to share with us?

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If you would like our **Admissions Coordinator** or **School Principal** to contact you regarding this recommendation, please check here:

Signature \_\_\_\_\_ Position \_\_\_\_\_

Print Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Church \_\_\_\_\_ Phone Number \_\_\_\_\_

Date Completed \_\_\_\_\_



# 2015-16 Atlantic Christian Academy Field Trip Parent Permission Form

Full Student Name \_\_\_\_\_ Grade in '15-'16 \_\_\_\_\_

has my permission to attend school sponsored activities during the 2015-2016 school year (considered August 1, 2015 - July 31, 2016).

To the best of my knowledge, \_\_\_\_\_ is in good physical condition and has  
Student First Name  
no physical limitations except for the following: \_\_\_\_\_

In consideration of being permitted to participate in school sponsored activities at or on behalf of the School, I, for my heirs, executors and administrators, hereby release and forever discharge the School, its officers, directors, employees, managers, and agents, from any and all liabilities, injuries, claims, actions, damages, costs or expenses which I may have against them, arising out of or in any way connected with any event, including injuries which may be suffered before, during or after an event. I understand that this release includes any claims based on negligence, action or inaction by any of the above parties.

Emergency calls can be routed through the Headmaster's Office at 561.686.8081x3370.

Printed Parent Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_



**ATLANTIC**  
CHRISTIAN ACADEMY  
*Integrating Faith, Love and Learning*



# Emergency/Medical Release Authorization Form

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

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_

Sex:  Male  Female Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child lives with  Both parents at home  Both parents, different homes  Mother only  Father only  Other

**Mother's Information**

**Father's Information**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Home phone: \_\_\_\_\_

Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

**IMPORTANT: Please check one:** Send School Communication to:

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Emergency Contact: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work /Cell phone: \_\_\_\_\_

Two other individuals authorized to pick up my child:

Name of Contact: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work /Cell phone: \_\_\_\_\_

Name of Contact: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work /Cell phone: \_\_\_\_\_

Family Physician/Pediatrician: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital of choice: \_\_\_\_\_ Phone \_\_\_\_\_

Allergies / Medical Conditions / Special Needs: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

I authorize Atlantic Christian Academy, its officers, directors, employees, managers, and agents or an adult representative of the School to consent to any and all medical and hospital care and treatment as deemed necessary for the health and well-being of my child by a duly-licensed physician selected by said representation. I understand that I shall be fully responsible for, and agree to pay for, all costs and expenses incurred in connection with such medical services rendered to my child pursuant to this authorization.

PRINTED NAME of PARENT or LEGAL GUARDIAN: \_\_\_\_\_

SIGNATURE of PARENT or LEGAL GUARDIAN: \_\_\_\_\_

FOR NOTARY PUBLIC: State of Florida, County of Palm Beach

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My Commission Expires:

\_\_\_\_\_  
Notary Public - State of Florida at Large