

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 are 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 or call 561-686-8081
- **Submit a completed application and testing fee**
- **Schedule a testing date** *Academic entrance exams are required for all students applying to Atlantic Christian Academy. 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 birth certificate, most recent Physical and Immunization Forms, and an individual photo
- **Schedule a Parent/Student Interview with an Administrator**
- **Submit the Enrollment and Activity Fees**

By wisdom a house is built, and through understanding it is established; through knowledge its 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 for more information.*
- **Multiple Child Discount** 10% off tuition for each additional child.
Not applicable when receiving tuition assistance from Atlantic Christian Academy's Tuition Assistance Program (ATAP).
- **SUFS/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. PLSA is a Step Up For Students Personal Learning Scholarship Account program that helps parents individualize the educational plans for their children with certain special needs. Information about these scholarships can be found at www.stepupforstudents.org or by calling 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 or by calling 1-800-447-1636.*

2017-2018 Tuition

• Kindergarten	\$8,200
K5	
• Elementary	\$9,600
Grades 1-5	
• Middle School	\$9,900
Grades 6-8	
• High School	\$10,300
Grades 9-12	
• Application/Testing Fee* Per student	\$100
• Enrollment Fee* Per student.....	\$400
<i>Includes books and materials</i>	
• Activity Fee* Per student.....	\$300
<i>Includes local field trips and numerous activities</i>	
*Fees are non-transferrable and non-refundable.	

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 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.



Date _____

School Year _____

Kindergarten Student Application *(please print)*

Student Full Legal Name _____

Male Female Student prefers to be called _____

Student Home Address _____

Student Date of Birth _____ Age _____ Social Security # _____

Student Place of Birth _____ Is student a US Citizen? Yes No

Name of Sibling(s) Currently Attending ACA _____

Please indicate if student is a recipient of any of the following scholarships:

McKay Step Up for Students (SUFS) Personal Learning Scholarship Account (PLSA)

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 _____ Home Phone _____

Preferred Phone _____ Home Phone _____

Work Phone _____ Cell Phone _____

Work Phone _____ Cell Phone _____

Mother's Email _____

Father's Email _____

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 / Guardian Name _____

Address _____

Preferred Phone _____

Home Phone _____

Work Phone _____

Cell Phone _____

Email _____

Occupation _____

Employer _____

Home Church _____

Pastor _____

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

Name

Relationship

Primary language spoken in the home:

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? Please mention any circumstances that are important to help us understand your child.

Is there anything we should know regarding your child's development (walking, talking, being able to make wants known, etc.)? _____

What is your child's usual bedtime? _____ Does he/she usually fall asleep promptly? Yes No

Describe your child's response to authority and discipline: _____

What is your child most often disciplined for? _____

What type of discipline do you find most effective for your child? _____

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	Years

Have you previously applied for admission to Atlantic Christian Academy? 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 Program Learning Disability Speech Therapy Physical Disability Attention Deficit

Other _____

We understand that as a student of Atlantic Christian Academy:

1. Our child may participate in scheduled off-campus field trips and other school activities.
2. Our child's photo and name may be used on the school's website, in school publications, and/or in promotional material.
3. Class placement is the decision of 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 Administration.

Mother's Name _____
(please print)

Signature _____

Father's Name _____
(please print)

Signature _____

Guardian's Name _____
(if applicable)

Signature _____

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 Name _____ Applying _____ Date _____
(please print) for Grade

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 list any special medical, behavioral, or educational needs that your child may have.** Please write “none” if your child has no special needs.

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 gather information to learn about your child, it is often helpful to communicate with any professionals that have worked with your child in the past. Please sign below to give your consent for us to communicate with these professionals.

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) by 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 list the name and contact information of any previous schools / professionals able provide information about your child’s needs.

_____	_____
Name of Previous School	Phone / Email
_____	_____
Contact	Phone / Email
_____	_____
Contact	Phone / Email

Signature of Parent / Guardian

*Atlantic Christian Academy desires to accommodate students with special needs.
We will look at each situation and provide assistance as we are able.*



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 your child and your family.

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 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.
3. 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.
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 _____



2017-2018 Financial Agreement Form

4900 Summit Blvd. • West Palm Beach, FL 33415 • 561.686.8081 • www.atlanticchristianacademy.org

- (1) The Enrollment and Activity Fees are per student and include books, materials, local field trips, and activities. Fees are 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

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K5	
• Elementary	\$9,600
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Grades 6-8	
• High School	\$10,300
Grades 9-12	
• Application/Testing Fee* Per student	\$100
• Enrollment Fee* Per student	\$400
<i>Includes books and materials.</i>	
• Activity Fee* Per student	\$300
<i>Includes local field trips and numerous activities</i>	
<i>*Fees are 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 to enroll.

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 2017-2018 _____

Student Name _____ Grade in 2017-2018 _____

Student Name _____ Grade in 2017-2018 _____

Signature of person(s) responsible _____ 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.*



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

Confidential Kindergarten School Reference Form

This is an official request for a school reference for the student named below. The parent / guardian 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)* _____

Parent / Guardian 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 check the appropriate box in each area.

Quality or Skill	Excellent	Average	Fair	Poor	Unknown
Is polite and kind					
Works and plays well with others					
Shows respect for the property of others					
Is able to be attentive in a large group					
Enjoys school and is usually happy					
Respects those in authority					
Obeys promptly and cheerfully					
Accepts changes with a reasonable explanation					
Is able to follow basic oral directions					
Speaks clearly					
Speaks in complete sentences					
Cares for personal needs independently					

Continued on reverse side

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.

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> _____	Applying for Grade _____
_____	Grade _____
_____	Grade _____
_____	Grade _____
_____	Grade _____

Parent / Guardian *(please print)* _____ Signature _____

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. Please check the appropriate box in each area.

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)?

Outstanding	Good	Fair	Weak	Not Observed

Continued on reverse side

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

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

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

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

Signature _____ Position _____

Print Name _____ Phone _____

Church _____ Phone _____

Date Completed _____



Atlantic Christian Academy Field Trip Parent Permission Form

Full Student Name _____

has my permission to attend school sponsored activities during the school year.

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

In consideration of being permitted to participate in school sponsored activities at or on behalf of Atlantic Christian Academy, I, for my heirs, executors and administrators, hereby release and forever discharge Atlantic Christian Academy, 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 _____



ATLANTIC
CHRISTIAN ACADEMY
Integrating Faith, Love and Learning

Please complete reverse side



ATLANTIC
CHRISTIAN ACADEMY
Integrating Faith, Love and Learning

Emergency/Medical Release Authorization Form

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Student Name _____

Address _____ City/State/Zip _____

Home phone _____ Cell Phone _____

Sex Male Female 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 _____

Email _____

Email _____

Emergency Contacts Other Than Parent ~~~~~

1. Name _____ Relationship to Student _____

Home Phone _____ Work / Cell Phone _____

2. Name _____ Relationship to Student _____

Home Phone _____ Work / Cell Phone _____

3. Name _____ 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. This authorization and release shall be valid for as long as my child is enrolled at ACA. It is the responsibility of the parent/guardian to notify the school in writing of any changes in emergency/medical information.

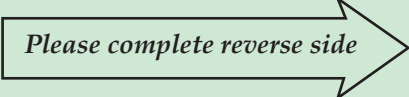
PRINTED NAME of PARENT or GUARDIAN \_\_\_\_\_

SIGNATURE of PARENT or GUARDIAN \_\_\_\_\_

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

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

My  
Commission  
Expires as of:



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