



APOSTOLIC —CHRISTIAN SCHOOL— KNOXVILLE, TN

5020 Pleasant Ridge Road

Knoxville, TN 37912

Office: 865.523.5261

Fax: 865.544.0995

Email: ACSKnoxville@gmail.com

Website: www.ACSKnoxville.org

NEW STUDENT APPLICATION

STUDENT INFORMATION

STUDENT'S FULL LEGAL NAME _____ PREFERRED NAME _____

NAME OF ADULT WITH WHOM STUDENT LIVES _____ RELATIONSHIP TO STUDENT _____

STUDENT'S HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

COUNTY _____ STUDENT'S HOME PHONE NUMBER _____ PRIMARY FAMILY E-MAIL ADDRESS _____

DATE OF BIRTH _____ xBIRTHPLACE _____ AGE _____ SEX _____

GRADE ENTERING _____ FOR SEMESTER BEGINNING (MONTH/YEAR) _____

THE PRIMARY LANGUAGE SPOKEN IN THE HOME: ENGLISH SPANISH OTHER: _____

ETHNICITY: _____

APOSTOLIC CHRISTIAN SCHOOL ADMITS STUDENTS OF ANY RACE, COLOR, NATIONALITY, AND ETHNIC ORIGIN TO ALL THE RIGHTS, PRIVILEGES, PROGRAMS, AND ACTIVITIES GENERALLY ACCORDED OR MADE AVAILABLE TO STUDENTS AT ACS. WE DO NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR NATIONALITY, OR ETHNIC ORIGIN IN THE ADMINISTRATION OF ITS EDUCATIONAL POLICIES, OR ATHLETIC AND OTHER SCHOOL ADMINISTERED PROGRAMS. WE ASK THIS INFORMATION FOR REPORTING PURPOSES ONLY.

FAMILY INFORMATION

FATHER / GUARDIAN (PLEASE CIRCLE)

NAME _____

IF GUARDIAN, RELATIONSHIP TO STUDENT _____

HOME ADDRESS (IF DIFFERENT FROM STUDENT) _____

EMPLOYER _____

CELL PHONE NUMBER _____ WORK NUMBER _____ EXT. _____

EMAIL ADDRESS _____

CHURCH DENOMINATION _____

CHURCH CONGREGATION NAME _____

STEPMOTHER'S NAME (IF APPLICABLE) _____ CONTACT NUMBER _____

MOTHER / GUARDIAN (PLEASE CIRCLE)

NAME _____

IF GUARDIAN, RELATIONSHIP TO STUDENT _____

HOME ADDRESS (IF DIFFERENT FROM STUDENT) _____

EMPLOYER _____

CELL PHONE NUMBER _____ WORK NUMBER _____ EXT. _____

EMAIL ADDRESS _____

CHURCH DENOMINATION _____

CHURCH CONGREGATION NAME _____

STEPFATHER'S NAME (IF APPLICABLE) _____ CONTACT NUMBER _____

ADDITIONAL FAMILY INFORMATION

SIBLING'S(S)' NAME(S)	AGE	GRADE	SCHOOL ATTENDING



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Purpose of Enrollment

Why are you considering Apostolic Christian School? _____

Please rank from 1-5 the following reasons for enrollment, #1 being the most important:

_____ Christian Emphasis _____ Quality Academics _____ Safety _____ Location _____ Other: _____

How did you hear about Apostolic Christian School?

_____ Home Church _____ Family or Friend _____ Website _____ Sign _____ Other: _____

If you heard about us from a family member or a friend, what is the name of your family member or friend: _____

Previous Academic Information

School	Address	Dates Attended	Grade Completed
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School	Address	Dates Attended	Grade Completed
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Please answer YES or NO to the following question:

Has student been placed in a talented or gifted program?	_____ YES _____ NO	Received honors and/or rewards?	_____ YES _____ NO
Been retained in a grade?	_____ YES _____ NO	Been recommended for tutoring?	_____ YES _____ NO
Been recommended for academic or psychological testing?	_____ YES _____ NO	Struggled with mental or emotional issues?	_____ YES _____ NO
Been placed in a special education program?	_____ YES _____ NO	Experienced learning difficulties in Math?	_____ YES _____ NO
Experienced discipline problems?	_____ YES _____ NO	Experienced learning difficulties in Reading?	_____ YES _____ NO
Been tested or diagnosed with ADD/ADHD?	_____ YES _____ NO	Experienced learning difficulties in any other subject?	_____ YES _____ NO
Experimented with drugs, alcohol, or tobacco?	_____ YES _____ NO	Been in any type of trouble with legal authorities?	_____ YES _____ NO

Please provide details on any of the above questions that were answered YES (you may attach a separate sheet if necessary): _____

Please describe this student's educational strengths: _____

Please describe this student's educational weaknesses: _____

Please describe any interests, talents, and abilities that this student has: _____

Family Enrollment Agreement

If accepted, I/we agree that I/we will read and follow the school rules included in the Policy Manual of Apostolic Christian School. I/We agree that I/we will take an active role in my child's education, including supporting my child's teachers, assuring that my child arrives to school on time, encouraging my child to complete all homework and classroom assignments in a timely manner, and allowing my child to participate in school activities such as fieldtrips and other school functions.

I/We agree that should I/we have a concern of any kind regarding Apostolic Christian School and any associated party, that I/we will go through the proper channels to resolve the matter.

I/We agree to cooperate with school staff regarding discipline of my/our child.

I/We agree that weekly parent and child church attendance, Bible study, and prayer are necessary components to a spiritual healthy life, and will assure that my family strives for these components.

Father/Guardian Signature _____

Mother/Guardian Signature _____

Date _____

Responsible Party for Bill

I agree to pay all tuition payments, before and after school care charges, and any other fee in a timely manner. If applicable, I will also pay for my child's lunches in a timely manner.

Individual Responsible for Bill (please print name)	Signature	Relationship to Student
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Street Address	City	State	Zip Code
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Email address	Home Phone	Cell Phone	Work Phone
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For Office Use Only: Accepted _____ Acceptance Letter Sent _____

Date of Tour: _____ Touring Staff Member: _____ Date of receipt of application and fee: _____

Documents received: Complete Transcripts _____ Immunization Record _____ Birth Certificate _____ Social Security Card _____

Paperwork _____ Other _____



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STUDENT RELEASE FORM

The permissions/agreements granted on this page will remain in the listed student's file and will be in effect while the listed student is enrolled at ACS or rescinded in writing by the parent/guardian.

EMERGENCY CONTACT INFORMATION

Physician's Name

Phone Number

Emergency Contact Name (other than parent)

Relationship to student

Phone Number

EMERGENCY PERMISSION AGREEMENT

Should an emergency arise in which my child will need to be transported to a local hospital, I give my consent for the transport to take place. If I am not able to be reached, I give my consent for my child to be medically and/or surgically treated by medical professionals to whatever extent is necessary to the wellbeing of my child.

Parent Signature

Date

PICK-UP INFORMATION

For the safety of your child, notify the school office when someone out of the ordinary will be picking up your child. If there is anyone who is absolutely NOT allowed to pick up your child, please list their name below. This will be in effect until it is rescinded in writing by you, the parent/guardian.

The following individual(s) are NOT allowed to pick up my child:

DRIVING STUDENTS

I give permission for my child _____ to drive to and from school. We agree to abide by the requirements listed in the manual under "Student driver regulations". Driving to school is a privilege. Apostolic Christian School reserves the right to rescind driving privileges due to grades and/or behavior. The following students will be regular riders with my child: _____

Attached is a copy of my child's driver's license and our automobile insurance policy. I understand that I will need to submit an updated copy of our insurance policy each year.

Parent Signature

Date

PHOTO AGREEMENT

I understand that periodically, Apostolic Christian School will use pictures taken of students without complete names for web based uses such as the ACS website and for various printed promotion publications. I grant permission for pictures of my child to be used in this manner.

Parent Signature

Date

FIELD TRIP RELEASE

I give my approval for my child to participate in any field trip that Apostolic Christian School deems safe and appropriate. I do hereby agree to hold harmless the organizers, supervisors, chaperones, and anyone connected with Apostolic Christian School and/or First Apostolic Church – Knoxville, including the administration, staff and volunteers for any claim arising for an injury or harm to my child. I also understand that a notice will be sent home with information about every fieldtrip.

Parent Signature

Date



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POLICY AGREEMENT

The form will remain in the listed student's file and will be in effect while the listed student is enrolled at ACS, is rescinded in writing by the parent/guardian or the policy manual is updated.

You may review the Policy Manual on our website at www.acsknoxville.org or contact the school office.

STUDENT CODE OF CONDUCT

I have had access to and understand the Apostolic Christian School Parent/Student Policy Manual, dated for Fall, 2014, and agree to willingly follow the rules and spirit of the rules listed in it.

I understand that the guidelines listed in it apply to the behavior of students both at school and away from school and during the school year and between school terms.

I understand and agree to the consequences listed in the policy manual.

I understand that I have a means of grievance where circumstance of a case may be presented to the School Board Discipline Committee and I agree to comply with their decision.

I understand that Apostolic Christian School is a ministry of First Apostolic Church – Knoxville and as such is governed by the authority of the Pastor of First Apostolic who also acts as the President of the school.

I realize that though I will not be expected to become a member of First Apostolic Church, or adhere to the Apostolic Pentecostal tenets of their faith, that I will respect the right of First Apostolic and Apostolic Christian School to run the daily operations and spiritual emphasis from their perspective.

I have had access to, understand, and agree to comply in full with the guidelines of the Apostolic Christian School Parent/Student Policy Manual, dated Fall, 2014.

SIGNATURES

Student Signature (7th-12th)

Printed Name of Student (PreK-12th)

Date

Father/Guardian Signature

For self and on behalf of child grade PreK-6th

Printed Name of Father/Guardian

Date

Mother/Guardian Signature

For self and on behalf of child grade PreK-6th

Printed Name of Mother/Guardian

Date



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INTERNET POLICY

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ACCEPTABLE USE OF THE INTERNET POLICY FORM

In making decisions regarding student access to the Internet, Apostolic Christian School considers its own stated educational mission. Electronics information research skills are now important to the preparation of citizens and future employees. Access to the Internet enables students to explore thousands of libraries, databases, and other resources while exchanging messages with people around the world. Apostolic Christian School expects that faculty will blend thoughtful use of the Internet throughout the curriculum and will provide guidance and instruction to students in its use. As much as possible, access from school to Internet resources should be structured in ways which point students to those resources which have been evaluated prior to use. While students will be able to move beyond those resources to others that have not been previewed by staff, **ACS reserves the right to limit Internet access for grade appropriateness and content.**

Outside of school, families bear the responsibility for the same guidance of Internet use as they exercise with information sources such as television, telephones, radio, movies, and other possibly offensive media.

Student utilizing Apostolic Christian School provided Internet access must first have the permission of and must be supervised by Apostolic Christian School professional staff. Students utilizing school-provided Internet access are responsible for good behavior on-line just as they are in the classroom or other area of the school. The same general rules for behavior and communications apply.

The purpose of Apostolic Christian School provided Internet access is to facilitate communications in support of research and education. To remain eligible as users, students' must be in support of and consistent with the educational objectives of Apostolic Christian School and its Acceptable Use of Technology Agreement. **Access is a privilege, not a right. Access entails responsibility.**

Apostolic Christian School blocks certain websites for inappropriateness. If a student accidentally connects to websites that display sexually explicit, racist, or potentially offensive materials or music, the student must immediately disconnect from the site and notify the technology director. The ability to connect to such sites does not imply students are granted permission to visit the site. If a student's Internet activity reveals a clear intent to visit inappropriate Internet websites, disciplinary action will be taken which may result in student dismissal from school.

Students are not permitted to visit chat rooms or blog sites. The ability to access these sites does not imply that permission is granted to visit the site.

All Internet access is to go through the firewall. If a student is found to be deliberately attempting to bypass the firewall or school installed filter, disciplinary action will be taken by the administration.

All Internet activity on ACS computers is subject to monitoring and reviews by the ACS technology department and the administrator.

All students and a parent or legal guardian are required to sign this document and return it to the administration office before student use of Apostolic Christian School computers and technology.

SIGNATURES

Student Signature (7th-12th)

Printed Name of Student (PreK-12th)

Date

Parent Signature

For self and on behalf of minor child (PreK-6th)

Printed Name of Parent

Date



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PARENT TUITION CONTRACT

I have read the APOSTOLIC CHRISTIAN SCHOOL STUDENT HANDBOOK:

I understand that the tuition for my child(ren) attending ACS is arranged in ten (10) monthly payments as a convenience to me. I am aware that the first tuition payment is due on or before the first day of school. Furthermore, it is understood that if the payment has not been received by the due date, my child will not be allowed to attend class until the tuition is paid current. I also understand that the full amount of tuition will be charged when a student is withdrawing and/or enrolling after a semester has started.

I do agree to make 10 tuition payments August-May.

Signature of Parent/Guardian

Date

Student Name

Grade

Student Name

Grade

Student Name

Grade

Student Name

Grade

FOR OFFICE USE ONLY	
Registration Paid	
School Year	



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Student Name _____

Grade _____

STATEMENT OF COOPERATION AND AGREEMENT

1. Since the fees do not cover the actual cost of educating our child(ren), I recognize that participation is needed in prayer, service, and gifts in order to properly share in his/her training. I also recognize that prompt, consistent payment of my account is extremely vital to the school and promise that I will handle my business relationship with the school accordingly.
2. I understand that all new students are accepted on a six week trial basis. To satisfactorily complete this trial program, a student must maintain a C grade average and exhibit a satisfactory, cooperative attitude with the school program.
3. In full cooperation with the school, I sincerely pledge my loyalty to the aims and ideals of the school. I will bring any and all questions and criticism directly to the administration so that those proper authority may properly consider them.
4. The teachers and administration are hereby given full discretion in the discipline of my child(ren). This may include various forms or positive reinforcement or the issuing of demerits, suspension or expulsion from the school.
5. I also give permission for my child to take part in all school activities, such as physical education activities, and school sponsored trips, etc. In case of accident or serious illness, I request the school personnel contact me. If they are unable to reach me, I hereby authorize them to call my physician and to follow his instructions. If it is impossible to contact this physician, the school personnel may make the necessary arrangements.
6. I understand that no student will be accepted by Apostolic Christian School who has experimented with illegal drugs. I understand any use/experiment of contraband drugs will result in immediate expulsion with no right to appeal. I understand that students of ACS are expected to keep high standards and to have high moral conduct. No student sexually active will be admitted to ACS. I further understand that any violations of this rule will result in expulsion. No married students will be allowed to attend ACS.

Note: Parents/Guardians of the student named above, has he/she ever been disciplined by any other school for use of drugs or promiscuous behavior? _____ Yes _____ No If yes, when and what action was taken?

Parent/Guardian Signature _____

Date _____

FOR OFFICE USE ONLY	
Registration Paid	_____
School Year	_____



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REQUEST FOR CUMULATIVE RECORDS

I do hereby authorize Apostolic Christian School to request and receive all school records that my child has accumulated in his/her previous school.

Information to be released should include:

Scholastic Record _____	Psychological Testing _____
Standardized Test Record _____	Confidential Files _____
Health Record/Physical _____ (please include immunization and birth certificate)	Other document(s) _____

Student's Name

Grade

Birthdate

Parent/Guardian Signature

Date

Name of Previous School

Street Address

City

State

Zip Code

Phone Number

Fax Number

Email Address