

# Ankeny Christian Academy

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Ankeny, Iowa 50023-2525

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## DEVELOPMENTAL/KINDERGARTEN ENROLLMENT FORM

20\_\_ ~ 20\_\_

Please complete this form for new students entering Kindergarten. **Kindergarten students must have had his/her fifth birthday by September 15.** Proof of a current physical examination and a completed immunization card are required by the State of Iowa for each student.

Student Social Security Number: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Student Name \_\_\_\_\_  
First MI Last

Address \_\_\_\_\_  
Address City/State Zip Code+Four

Race and Ethnicity (circle all that apply): American Indian or Alaskan Native Asian  
Black or African American Hispanic or Latino Native Hawaiian or Other Pacific Islander White

Gender: M\_\_ F\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Youngest child attending ACA? Yes\_\_\_\_ No \_\_\_\_ Do you want the weekly Friday ACA Office Newsletter  
in: Paper Copy \_\_\_\_ or E-mailed - \_\_\_\_\_

Resident School District \_\_\_\_\_

Please list the preschool experience(s) of your student:

Preschool	Address	City/State/Zip Code	Age	Year
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Preschool	Address	City/State/Zip Code	Age	Year
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Learning Background:

List any special characteristics or learning needs of the student which you believe the teachers should know about. \_\_\_\_\_

Special needs or known disabilities:

\_\_\_\_Hearing \_\_\_\_Vision \_\_\_\_Speech \_\_\_\_Cognitive \_\_\_\_Mental \_\_\_\_Physical \_\_\_\_Other

Please include an evaluation from any previous school experiences. This will help us to meet the learning needs of your child for a successful kindergarten experience.

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OFFICE USE ONLY

\_\_\_\_ Tested                      \_\_\_\_ Registration Paid                      \_\_\_\_ Interviewed  
\_\_\_\_ Birth Certificate                      \_\_\_\_ Physical card                      \_\_\_\_ Immunization Card  
\_\_\_\_ Emergency Authorization