

Ankeny Christian Academy

1604 West 1st Street
Ankeny, Iowa 50023-2525

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NEW STUDENT ENROLLMENT FORM

Please complete this form for new students entering first grade and above. First grade students must have had their sixth birthday by September 15. Students not previously enrolled in public school must also submit a birth certificate to verify date of birth.

Student Information:

School Year 20__ ~ 20__ Date ___/___/___ Social Security Number _____

Name _____

Address _____

First MI Last
Address City/State Zip Code+Four

Gender: M___ F___ Date of Birth ___/___/___ Age:_____ **Grade to Enter** _____

Name of Last School _____

Address of Last School _____

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

Special needs or known disabilities:

___Hearing ___Vision ___Speech ___Cognitive ___Mental ___Physical ___Other

Youngest child attend ACA? Yes___ No___ Do you want the weekly Friday ACA Office Newsletter in:

Paper Copy ___ or E-mail _____

Resident School District _____

Has the student failed any grades/classes? Yes ___ No ___

If yes, what grade? List any special characteristics or learning needs of the student which you believe the teachers should know about. _____

Has the student ever been involved in the use of any controlled substance such as alcohol, drugs or tobacco?

Yes ___ No ___ If yes, please explain: _____

Has the student ever had discipline problems in school? Yes ___ No ___

If yes, please explain. _____

Student's Christian Testimony (7th Grade and up.) _____