

# Ankeny Christian Academy

1604 West 1st Street  
Ankeny, Iowa 50023-2525

www.ankenychristianacademy.org

Telephone (515) 965-8114  
Fax (515) 965-8210

## FAMILY ENROLLMENT FORM

20\_\_ ~ 20\_\_

Please complete this form and return it with the registration fee. Acceptance for enrollment is pending upon approval by the administrator/principal.

Father's name \_\_\_\_\_

First

MI

Last

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

Work number \_\_\_\_\_ Cell number \_\_\_\_\_

Mother's name \_\_\_\_\_

First

MI

Last

Mother's occupation \_\_\_\_\_ employer \_\_\_\_\_

Work number \_\_\_\_\_ Cell number \_\_\_\_\_

Home address \_\_\_\_\_

Address

City/State

Zip Code

Home phone number \_\_\_\_\_ E-mail \_\_\_\_\_

Other E-mail \_\_\_\_\_

Student(s) live with (check one): Mother & Father \_\_\_\_\_ Mother only \_\_\_\_\_ Father only \_\_\_\_\_ Guardian \_\_\_\_\_ Other \_\_\_\_\_

Person(s) responsible for tuition payment: \_\_\_\_\_

ACA Family Directory - This contains the names of the parents/guardians, home address, and a home phone number. A copy is given to each ACA family. Please check if you **do not** want the above items published. \_\_\_\_\_ If you would also like to include an email address or cell phone number(s) in the directory please list below. (We will NOT publish your email address or cell phone number(s) unless you write them on the lines below.) Contact the office if any contact information changes during the school year.

Media Release: \_\_\_\_\_ My child's picture/name may be used by any media.

I do not want my child's picture/name to be used in the following ways:

\_\_\_\_\_ In the Ankeny Christian Academy yearbook, either with a group or individually

\_\_\_\_\_ In a photo taken of the classroom and shared with you or other Ankeny Christian Academy families

\_\_\_\_\_ In a Power Point presentation for the school

\_\_\_\_\_ In a newspaper article or advertisement about Ankeny Christian Academy (all newspaper articles are put on their website)

Special instructions:

You may choose to have your tuition payments withdrawn on the 1<sup>st</sup> or the 15<sup>th</sup> of each month. To sign up, please fill out the automatic debit authorization form. This service is **free** to all ACA parents.

What church does your family attend? \_\_\_\_\_

Church address \_\_\_\_\_

Address

City/State

Zip Code

Are you members? \_\_\_\_\_ Pastor's name \_\_\_\_\_ Pastor's phone number \_\_\_\_\_

The administrator or principal will be contacting the pastor or a representative from your church to verify attendance and involvement.

Father's Christian testimony \_\_\_\_\_

Mother's Christian testimony \_\_\_\_\_

