Elementary Student Survey



Student Name_____

In order to enroll a student at Central Arkansas Christian Schools, the parent(s) or legal guardian(s) and prospective student are required to complete this form, sign and return to the admissions office. This information will remain confidential.

Please explain any "Yes" answers on the bottom of this page.

Yes No

- I. Has the student ever been suspended or expelled from school or assigned to an alternative learning center or rehabilitation program?
- □ 2. Is the student currently ineligible to re-enroll in the school from which he/she is transferring?
- □ 3. If transferring from a private school, is the student's account current?
- **4**. Has the student ever been diagnosed as having Attention Deficit Disorder or any other learning issues?
- 5. Is the student now, or has he/she ever been in consultation with a counselor, diagnostician or doctor concerning emotional or behavioral problems?

Comments:

Reverse side must be completed and signed

Please list student's club, organization and co-curricular activities.

Please describe the primary reason for wishing to attend Central Arkansas Christian Schools.

I became aware of Central Arkansas Christian Schools through:

- Personal Recommendation
- Newspaper/Magazine Ad
- Website
- Direct Mail
- □ Other _

Applicants Must Demonstrate:

- · A composite "C" average in academic classes
- · Proficiency on nationally-recognized and norm-referenced tests (i.e., near or above 50th percentile)
- · Freedom from severe learning/behavioral problems
- · Adherence to CAC's minimum/maximum age requirement
- · A strong desire to be a member of a Christian learning community

Christian Community

The main purpose of Central Arkansas Christian Schools is to train young people to lead fully-developed Christian lives. I understand that this application cannot be approved until admission requirements are met. The Admissions Committee will determine final acceptance of all prospective students. If this application is accepted, I agree to abide by and honor the principles and policies of Central Arkansas Christian Schools.

If accepted, we agree to the immediate dismissal of this student from school for any incorrect or omission of information on this form.

Student Name	Date
Parent/Guardian Signature	Date
Registrar Signature	Date