



## ACCELERATE CHRISTIAN SCHOOL STUDENT APPLICATION FORM 2024-25 SCHOOL YEAR

Student's Full Name: (Legal Name) \_\_\_\_\_

Preferred Name: \_\_\_\_\_ # of Siblings attending ACS: \_\_\_\_\_

Student's DOB: \_\_\_\_\_ Age as of 8/12/24: \_\_\_\_\_

What grade level are you seeking to enter for the 2024-25 school year? \_\_\_\_\_

Student's Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Address: \_\_\_\_\_  
\_\_\_\_\_ Employer: \_\_\_\_\_

Phone Numbers: CELL (\_\_\_\_) \_\_\_\_ - \_\_\_\_ WORK (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Father's E-mail Address: \_\_\_\_\_  
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Mother's Name: \_\_\_\_\_

Mother's Address: \_\_\_\_\_  
\_\_\_\_\_ Employer: \_\_\_\_\_

Phone Numbers: CELL (\_\_\_\_) \_\_\_\_ - \_\_\_\_ WORK (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Mother's E-mail Address: \_\_\_\_\_  
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Emergency Contact (other than parent): \_\_\_\_\_

Relation to Student: \_\_\_\_\_ (grandparent, aunt/uncle, family friend, etc.)

Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ cell, home, work (please circle)

|                                 |            |
|---------------------------------|------------|
| For Office Use Only:            |            |
| Application Fee Received: _____ | _____      |
| (Date)                          | (Initials) |
| Application Approved: _____     | _____      |
| (Date)                          | (Initials) |

Student History:

1. How long has student and/or family been a partner of Accelerate Church? \_\_\_\_\_  
If not an Accelerate Church partner, where does family attend? \_\_\_\_\_  
How long? \_\_\_\_\_

**NOTE:** A pastoral recommendation must be attached if not an Accelerate Church partner.

2. To the best of your knowledge, does the student have any learning disabilities? (Circle) YES or NO  
If YES, please explain: \_\_\_\_\_

3. Please list any allergies the student has: \_\_\_\_\_

4. Please list any prescription or non-prescription drugs the student takes on a regular basis:  
\_\_\_\_\_

5. Do any special medical or academic accommodations need to be made for the student?  
(Circle) YES or NO  
If YES, please explain: \_\_\_\_\_  
\_\_\_\_\_

6. Has the student made Jesus Christ the Lord and Savior of their life? (Circle) YES or NO  
If YES, please write a brief summary of student's testimony below:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Please list the last school where student attended, along with the address and dates of attendance. If homeschooled, please indicate the curriculum used. If this is the first year to attend ACS, a Student Record Release form must be completed. School Name or Homeschooled \_\_\_\_\_  
Address or Curriculum Used \_\_\_\_\_  
Dates of Attendance \_\_\_\_\_  
(Skip this number if attended ACS previous year)

8. Are the *biological* parents of this student married to each other?  
(Circle) YES or NO\*  
\*If NO, please give reason: \_\_\_\_\_ (divorce, death, etc.)  
**If divorced, attach a file-marked copy of the Divorce Decree and any additional most current custody orders. The names and addresses of both biological parents must be given at time of application.**  
(Student reports will be given to non-custodial parents only if they request them).

9. Are you interested in applying for either of our scholarship programs? (Circle) YES or NO  
If YES, which scholarship(s) are you applying for? (Please check each one you are applying for)  
 Church Member (Please attach your 2023 Tax Return or the past two (2) month's pay stubs of both parents)  
 Christian Worker

**2024-2025  
HONOR CODE AGREEMENT**

1. I will faithfully attend and participate in scheduled services at Accelerate Church, or at my church, if I am not a member of Accelerate Church.
2. I will strive to discover my God-given talents, to develop those abilities fully, and to devote those talents to a lifetime of learning, serving, and honoring God.
3. I will not use, or be associated with the use, of tobacco, vaping, drugs, or alcohol, and I will honor God by maintaining a lifestyle of sexual purity.
4. I will refrain from the use of profanity, vulgarity, sexual, or any other type of writing, print material, innuendo, or conversation, including in and on all social media, which is inappropriate for a Christian.
5. I will not lie, cheat, or steal, nor will I tolerate such activity.
6. I will not bring any type of weapon to school.
7. I will show respect for authority and submit myself to the teachers and administration of ACS, realizing that attendance at ACS is a privilege, not a right.
8. My dress and my appearance will not only comply with the dress code of ACS, but it will also reflect Christian modesty and values. (Dress Code is discussed during the Parent/Student Interview and is also addressed in the Student Handbook that will be given to the parents & students upon acceptance to ACS.)
9. My relationship with other students will be based on the principles of Christ's love. I will show care and concern for others in my speech and my actions.
10. I will support the ACS Statement of Faith as it is applied to instruction throughout the curriculum.
11. I will uphold this Honor Code for the full twelve months of the year, at school, at school activities, at church, and outside of school.

***I understand and agree to uphold each item in the Honor Code Agreement. I understand that violation of any part of said Agreement could lead to suspension and/or expulsion, with no appeal process or recourse.***

***By signing this enrollment application, I agree with the application's policies, procedures and philosophies set forth therein.***

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date