

ARROWS CHRISTIAN ACADEMY

211 W Greenwich St, Reading, Pa 19601
717-341-4053 | admin@arrowschristianacademy.org



Application for Enrollment

Family Information

Father

Mother

Full Name: _____
Occupation: _____
Employer: _____
Education: High School _____ years
College _____ years

High School _____ years
College _____ years

Are you committed to following Jesus Christ and building His kingdom?

Yes No

Yes No

Home Phone: _____
Cell Phone: _____
Work Phone: _____
Email Address: _____
Home Address: _____
Local School District: _____

Are you applying for the admission of all your children of school age? Yes No

If not, please state reason: _____

Do you anticipate any need for financial aid? Yes No

Do you anticipate requiring busing to/from school? Yes No

Name of Church Fellowship: _____

Pastor's Name: _____

What church activities are you actively involved in?

Why do you wish to enroll your child(ren) in a Christian School?

Why are you choosing Arrows Christian Academy?

Request for Textbooks and Materials

To be completed by parents/guardians of Pennsylvania residents only.

The state of Pennsylvania provides some funds to be used for purchasing textbooks and other instructional materials. One requirement for usage of these funds is that parents "request" the usage of these materials. Please complete this request by placing a check on the line below.

_____ I hereby request the loan of instructional materials and textbooks in accordance with Act 90 of 1975 and Act 195 of 1972 for my child attending Arrows Christian Academy.

Permission to Use Student Name

_____ I give permission to use my student's name and photo in online media as well as news releases produced by Arrows Christian Academy.

Permission to Use Technology Resources

_____ I give my child permission to use Arrows Christian Academy's technology resources which include online and cloud-based applications such as G Suite (Google Apps), etc.

Parent/Student Covenant With Arrows Christian Academy

We understand that being a part of ACA is a privilege and responsibility. By signing below, I give permission to Arrows Christian Academy to contact pastors and former schools for references that may be used in the enrollment process. We covenant with the school to:

1. Consider the school community to be a group of persons led together by God. This realization will affect the way we treat others and the way we open ourselves to learn from them.
2. Help to make ACA a better place because we are a part of the school community.
3. Share the responsibility for learning and decision making.
4. Be supportive of the school's mission and vision as outlined in the Arrows Christian Academy Handbook. We recognize the right of the school to dismiss any student or dissolve the relationship with any parent who does not support and contribute to the vision and mission of the school.
5. Be willing to support the doctrinal positions of Arrows Christian Academy as outlined in the 1963 Mennonite Confession of Faith.
6. Be open to growing academically, physically, socially, emotionally, and spiritually, as church, school and home partner together. We understand that, as part of the partnership, the school may at times confer with our pastor.
7. Support the school with finances and prayer.
8. Take advantage of appropriate channels for dialogue.

Signature of Father or Guardian _____ Date: _____

Signature of Mother or Guardian _____ Date: _____

Student Information

Please complete one copy of this page for each child that is applying for entrance to Arrows Christian Academy.

Full Name: _____

Birth Date: _____ Race/Ethnicity: _____

Grade to be entered upon enrollment: _____

Was any grade repeated? Yes No If "Yes", which? _____

Name and address of former school, if transferring:

How does this child feel about attending Arrows Christian Academy?

What special interests or abilities does this child have?(physical, intellectual, artistic, musical, social, hobbies, etc.) _____

From your experience or observation, does this child have any of the following problems that his teachers should be aware of (physical, learning disabilities, emotional, personal habits, etc.)? Please explain below.

Has this student ever been placed in any of the following programs?

_____ math remediation _____ speech therapy _____ gifted program

_____ reading remediation _____ learning disabilities

_____ emotionally handicapped program Other: _____

(For Kindergarten) Does your child easily attend Sunday School independently? Yes No

(For Kindergarten) While we realize that plans can change over time, at this point what time frame do you anticipate that your child will spend at Arrows Christian Academy?

Please include a copy of the following for all applicants:

- 1. A copy of the student's immunization records**
- 2. A copy of the student's most recent report card (K-8) or an official transcript (9-12)**
- 3. Other academic records may be requested**

Thank you for your cooperation. May God bless you as you plan for your family's future!

Admission to Arrows Christian Academy is open to all students regardless of race, sex, color, national origin, age or disability.

Note: All applications are reviewed and submitted for approval to our school board.

**Please mail this form to: Arrows Christian Academy
211 W Greenwich Street
Reading, PA 19601**