



APPOMATTOX CHRISTIAN ACADEMY

A PAROCHIAL SCHOOL OF ST. ANDREW'S REFORMED EPISCOPAL CHURCH
FULFILLING THE COMMAND OF CHRIST:....DOCETE OMNES GENTES.... (TEACH YE ALL NATIONS)
1916 REDFIELDS ROAD, P.O. BOX 517 APPOMATTOX, VA 24522 434.352.7373
WWW.WEAREACA.ORG

Application for Admissions- Section II Student Information

Instructions: Please complete Sections II for each individual child. Please feel free to attach any additional information you would like to share with the Academy pertaining to your family or you may choose to share during the interview.

Full Name of child _____ Date of Birth _____

Family Relationship _____ Current Age _____

Gender: Male Female

Circle Entry Grade Level: PK K 1 2 3 4 5 6 7 8 9 10 11 12

Academic Survey

Do you believe your child has a disability? Yes No

Has the child ever been retained a grade level? Yes No

Has the child ever received an IEP or 504 plan? Yes No

Has the child ever been placed in an accelerated program? Yes No

Has the child ever received tutoring services? Yes No

Has the child show signs of or been diagnosed with any of the following? (mark all applicable)

ADD/ADHD Yes No Oppositional Defiance Disorder Yes No

Dyslexia Yes No Learning Disability Yes No

Autism Spectrum Yes No Fetal Alcohol Syndrome Yes No

Other: _____ Emotional/Anxiety Disorder Yes No

Please elaborate further regarding the above questions so we may best serve your child:

Behavior Survey

- | | | | |
|--|--|---|--|
| Expelled for any reason | <input type="checkbox"/> Yes <input type="checkbox"/> No | Suspended | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| In-school Detention | <input type="checkbox"/> Yes <input type="checkbox"/> No | After-school Detention | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has trouble with authority | <input type="checkbox"/> Yes <input type="checkbox"/> No | Arrested | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| House arrest | <input type="checkbox"/> Yes <input type="checkbox"/> No | Incarcerated | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Exhibits violent behavior | <input type="checkbox"/> Yes <input type="checkbox"/> No | Willfully injures others | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Self-harm or Suicidal ideation | <input type="checkbox"/> Yes <input type="checkbox"/> No | Has/is in counseling | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Under the care of psychiatrist or psychologist | <input type="checkbox"/> Yes <input type="checkbox"/> No | Hospitalization or in patient treatment | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Other: _____

Please elaborate further regarding the above questions so we may best serve your child:

Custody

*Please provide any custodial papers or agreements as is pertinent to the child’s safety and care. ACA may not refrain from releasing a child to another parent/guardian without copies of custody arrangements on file that say otherwise.

Custody papers are applicable: Yes No

Additional Comments or Concerns
