

AUBURN HILLS CHRISTIAN SCHOOL

New Student Application

Student Information

Grade Level Entering _____

Name of Applicant: _____ Date of Birth: _____

Soc. Sec. #: _____ Name of Last School Attended: _____

School Address: _____

School Phone: _____ School Fax: _____

Has Applicant **EVER** been suspended, expelled or dismissed from school? ____ If yes,

Has applicant displayed any learning or reading comprehension difficulties? ____ If yes,

describe: _____

Student's birth certificate and most recent report card and immunization record must be submitted with application. As required by state law, K-4 & K-5 Vision Screening and health appraisal must also be submitted with this application.

General Information

Home Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Father's Name: _____ Soc. Sec. #: _____

Employed At: _____ Wk #: _____ Ext. _____

Mother's Name: _____ Soc. Sec. #: _____

Employed At: _____ Wk #: _____ Ext. _____

Marital Status: Married ___ Single ___ Divorced ___ if divorced, who has legal custody

And/or guardianship rights: _____

Financial Agreement

Payment will be made by the 1st of each month. Allow sufficient delivery time if mailed. Late fee of \$20 is added for any account balance after the 5th of the month. ***Students will not be admitted to class if payments are over 10 days in arrears.*** Tuition fees are not adjusted due to early withdrawal of student by parent. School records will not be released for any student when there is a balance owing on the student's account. Checks returned will require secured funds for subsequent payment. Parents are required to raise \$300 this school year in fundraising projects.

"I have read and agree with the school's Parent/Student Handbook, and understand and agree to the established regulations, discipline and financial obligations set within".

Date: _____

Parent Signature

Please tell us how your heard about our school: Friend Advertisement Relative Other

Statement of Cooperation

- It is my understanding that the policy for the school is to make no refunds on registration fees.
- I give Auburn Hills Christian School permission for my child to take part in all school activities, including bus trips, sports activities, and school-sponsored trips away from the school premises.
- I also believe that discipline is necessary for the welfare of each student, as well as for the entire school. I give permission for my child's teacher and/or other agent of the school to make and enforce classroom regulations in a manner consistent with Christian principles and discipline as set forth in the Scriptures.
- I further agree to hold the school and its agents harmless for the liability to my child or any guardian or parent thereof because of any claims on behalf of my child against the school or any agent thereof because of any injury or alleged injury to my child. Should legal action, for any reason, be taken against Auburn Hills Christian School or any employee or agent thereof, on my child's behalf and the school or its agent not be found at fault, I agree to pay any attorney fees, court fees, damages or other costs that Auburn Hills Christian School or its agent should incur to defend itself against such action.

This statement of Cooperation will be in effect for as long as my children listed (or others to be enrolled) attend Auburn Hills Christian whether it is in the kindergarten, elementary, junior-senior high or summer school.

I understand that should my marital status, address or phone numbers change that it is my responsibility to have a corrected Statement of Cooperation signed and updated and delivered to Auburn Hills Christian. Auburn Hills Christian, admits students of any race, color, and of national or ethnic origin.

List names and grades of children in Auburn Hills Christian

(1) _____ Grade: _____ (2) _____ Grade: _____

(3) _____ Grade: _____ (4) _____ Grade: _____

Parent Signatures: Both Parents Must Sign

Mother _____ Father _____

Sole Guardian _____



Parent Request Form

Today's Date: _____

Parent's Name: _____

Child's name: _____

I would like:

1. Conference with

Administrator: _____

Teacher: _____

Principal HS. ___Elem. ___

I can be reached at this number: _____

2. Balance Inquiry: _____

3. Receipt _____ For: _____

4. Other: _____

5. Needed by (date): _____

6. I would like to inform you that:

