

# Albuquerque Christian School

## 2018-2019 Registration Form

(For office use only)

Date enrolled

Grade enrolled

Dis-enrolled

Student's name (last) \_\_\_\_\_ (first) \_\_\_\_\_ (MI) \_\_\_\_\_ goes by \_\_\_\_\_

Student's address \_\_\_\_\_

(street) (city) (zip)

Student's home phone \_\_\_\_\_ Student's DOB \_\_\_\_\_ Gender (M/F) \_\_\_\_\_

Ethnicity: Please circle: African American, Asian, Hispanic, Native American, Caucasian, Other: \_\_\_\_\_

Grade for 2017-2018 school year \_\_\_\_\_ School last attended \_\_\_\_\_

(If out of state, please include city and state)

### Person responsible for financial contract

Last name \_\_\_\_\_ First name \_\_\_\_\_ Home phone \_\_\_\_\_

Address \_\_\_\_\_ Cell phone \_\_\_\_\_

(street) (city) (state) (zip)

### Parent information

Father's name (last) \_\_\_\_\_ (first) \_\_\_\_\_ Father's home phone \_\_\_\_\_

Father's address \_\_\_\_\_

(street) (city) (zip)

Father's place of employment \_\_\_\_\_ Work phone \_\_\_\_\_

Lives with student? Yes / No Receives student mail? Yes / No Father's cell phone \_\_\_\_\_

E-mail address (required to access RenWeb) \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mother's name (last) \_\_\_\_\_ (first) \_\_\_\_\_ Mother's home phone \_\_\_\_\_

Mother's address \_\_\_\_\_

(street) (city) (zip)

Mother's place of employment \_\_\_\_\_ Work phone \_\_\_\_\_

Lives with student? Yes / No Receives student mail? Yes / No Mother's cell phone \_\_\_\_\_

E-mail address (required to access RenWeb) \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Do you want your family's address/phone number listed in the ACS Student Directory? Yes / No**

**Please specify any special requests** \_\_\_\_\_

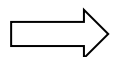
### Two other contacts in the local area (required information)

#1 \_\_\_\_\_

(name) (relationship to student) (phone numbers – specify cell, work, home)

#2 \_\_\_\_\_

(name) (relationship to student) (phone numbers – specify cell, work, home)



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### Additional information

Church affiliation (optional) \_\_\_\_\_  
Denomination / Congregation

Please list all of the student's siblings:

| Name  | Age   | Lives with student? Y/N |
|-------|-------|-------------------------|
| _____ | _____ | _____                   |
| _____ | _____ | _____                   |
| _____ | _____ | _____                   |
| _____ | _____ | _____                   |

Please check all that apply to your student:

|  |  |  |
|--|--|--|
| <input type="checkbox"/> Parents are married                             | <input type="checkbox"/> Parents are separated | <input type="checkbox"/> Parents are divorced            |
| <input type="checkbox"/> Single parent                                   | <input type="checkbox"/> Father is deceased    | <input type="checkbox"/> Mother is deceased              |
| <input type="checkbox"/> Father is remarried - _____<br>(wife's name)    |  | <input type="checkbox"/> Student lives with grandparents |
| <input type="checkbox"/> Mother is remarried - _____<br>(husband's name) |  |  |

The following people are authorized to pick up this student from school.

\_\_\_\_\_  
\_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please list any individuals **NOT** allowed to pick this student up from school: **(Please note, if a parent of this student is not allowed to pick him/her up from school, a dated copy of the legal document stating such must be provided to the school to be kept on file.)**

\_\_\_\_\_

**New families ONLY:** Were you referred by a family currently enrolled at ACS?  Yes  No

If yes, by whom were you referred? \_\_\_\_\_

If no, how did you hear about us? \_\_\_\_\_

# Albuquerque Christian School

## 2018-2019 Medical Information Form

Student's last name \_\_\_\_\_ Student's first name \_\_\_\_\_

Name of parent(s)/guardian(s) \_\_\_\_\_

Phone numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Physician's name \_\_\_\_\_ Physician's phone number \_\_\_\_\_

Hospital preference \_\_\_\_\_

Does this student have allergies? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list: \_\_\_\_\_

Does this student take any prescription medications, i.e., inhalers, insulin, behavior modifiers?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list \_\_\_\_\_

Will medications listed above be administered at school? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide instructions for administering \_\_\_\_\_

Does this student have any health concerns, i.e., asthma, diabetes, or seizures? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe \_\_\_\_\_

Does this student have any handicap or disability that may necessitate special care at school?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe \_\_\_\_\_

In case of emergency and I cannot be reached, please contact:

#1 \_\_\_\_\_  
(name) (relationship to student) (phone numbers – specify cell, work, home)

#2 \_\_\_\_\_  
(name) (relationship to student) (phone numbers – specify cell, work, home)

**CONSENT FOR EMERGENCY MEDICAL TREATMENT:** In case of accident or sudden illness, and in the event that I cannot be reached by telephone, I hereby authorize a representative of Albuquerque Christian School to refer my child to the above named physician, to transport my child to a medical facility, or to seek other emergency treatment as deemed necessary.

\_\_\_\_\_  
(Signature of parent/guardian)

\_\_\_\_\_  
(date)

# Albuquerque Christian School

## 2018-2019 Student Contract

*“Even a child is known by his actions, by whether his conduct is pure and right.” Proverbs 20:11*

**As a student of Albuquerque Christian School, I agree to:** (please initial each item)

- Conduct myself according to the highest Christian standards of respect for others with honesty, integrity, and responsibility \_\_\_\_\_
- Show proper respect for those in positions of authority \_\_\_\_\_
- Show respect for peers, school property, and school personnel \_\_\_\_\_
- Refrain from lying, cheating, stealing, gossiping, and fighting \_\_\_\_\_
- Refrain from using vulgar or profane language, or calling students or school personnel inappropriate names \_\_\_\_\_
- Refrain from bringing offensive and/or disruptive items to school \_\_\_\_\_
- Uphold the school uniform dress code \_\_\_\_\_
- Follow the standards of conduct outlined in the student handbook which include (but are not limited to) those listed above \_\_\_\_\_

**I have read and understand the above Student Contract.** By signing this contract, I agree to do my best to abide by all of the above standards of conduct while I am a student at Albuquerque Christian School. I understand that failure to do so could result in my being asked to withdraw from the school.

*“Whatever you do, work at it with all your heart, as working for the Lord, not for men.” Colossians 3:23*

\_\_\_\_\_  
\* Student signature (4<sup>th</sup> grade and above)

\_\_\_\_\_  
Designated ACS Representative signature

\_\_\_\_\_  
\* Parent/guardian signature

\_\_\_\_\_  
Student's name (date)

\* Student signature **and** parent/guardian signature are required for students 4<sup>th</sup> grade and above. For younger students, only the parent/guardian signature is required and indicates that the adult signing the contract has discussed these items with the student in an age-appropriate way.

# Albuquerque Christian School

## 2018-2019 Parent/Guardian Contract

***“Train a child in the way he should go, and when he is old he will not turn from it.” Proverbs 22:6***

**As parent(s)/guardian(s) of the Albuquerque Christian School student named below, I/we agree to:** (please initial each item)

- Support the school and assist the student in abiding by the standards of conduct outlined in the student handbook \_\_\_\_\_
- Reinforce the reasoning behind school rules and policies \_\_\_\_\_
- Support the school’s right and responsibility to discipline according to school policy \_\_\_\_\_
- Ensure that the student is at school on time, rested, and ready to participate \_\_\_\_\_
- Actively participate in the education of the student by reviewing the student planner daily, supervising homework, and encouraging the student to study for examinations \_\_\_\_\_
- Attempt to respectfully resolve any conflicts or misunderstandings with the teacher, other ACS employees, or parents of other students first; then, if necessary, work with the principal on unresolved issues \_\_\_\_\_
- Respect the teacher’s schedule, remembering that impromptu meetings at drop off or pick up time may distract the teacher from his/her responsibilities with the other students \_\_\_\_\_
- Refrain from participating in gossip or discrediting of the school or its faculty/staff \_\_\_\_\_

Parents/guardians must understand that their personal conduct does influence their children and, as such, they are expected to set an example for the conduct of their children in accordance with Biblical principles. It is the desire of ACS to have the school and the families work together in the spiritual growth and educational process of each student enrolled.

I/we have read and understand the above Parent/Guardian Contract and agree to the policies and procedures in the student handbook. **I/we realize that noncompliance with these policies and procedures could result in withdrawal from the school.**

\_\_\_\_\_  
\* Parent/guardian signature

\_\_\_\_\_  
Designated ACS Representative signature

\_\_\_\_\_  
\* Parent/guardian signature

\_\_\_\_\_  
Student’s name (printed)

\_\_\_\_\_  
Date

\* Signature of both parents/legal guardians is preferred.

# Albuquerque Christian School

## 2018-2019 Park Permission Form

I, \_\_\_\_\_, parent/guardian of  
(your name)

\_\_\_\_\_, hereby give permission for the  
(student's name)

above named student to walk to Novella Park with his/her class on any given school day during the 2018-2019 school year. (Novella Park is the city park just to the north of the school building.) I understand that all reasonable precautions will be taken and that the students will be under adult supervision by an ACS faculty/staff member at all times. I accept the policies and procedures of ACS and release it from any liability for injuries or illnesses resulting from circumstances or conditions beyond its control.

\_\_\_\_\_  
(Signature of parent/guardian)

\_\_\_\_\_  
(date)