



Ark City Christian Academy
Student Admissions Application
 P.O. Box 1181 / 901 N. 5th Street
 Arkansas City, KS 67005
 620-442-0022
 schooloffice@accaschool.org

Student's Full Name	M/F	Name Student Goes By	Date of Birth	Grade	Social Security #

This information needs to be completed by the custodial parent (**duplicate entries are unnecessary**).

_____ Father/Guardian LAST NAME / First Name / M.I.	_____ Mother/Guardian LAST NAME / First Name / M.I.
Title: _____ (Mr. / Dr. / etc.)	Title: _____ (Mrs. / Ms. / Dr./ etc.)
e-mail address: _____	e-mail address: _____
Home phone _____ Cell _____	Home phone _____ Cell _____
Address _____	Address _____
City/State _____ Zip _____	City/State _____ Zip _____
Mailing Address _____	Mailing Address _____
Occupation _____	Occupation _____
Employer _____	Employer _____
Business Phone(_____) _____	Business Phone(_____) _____
Father's Church _____	Mother's Church _____
Pastor's Name _____	Pastor's Name _____

Student(s) lives with: _____

Parent Status: (Circle One) Married Divorced Separated Single Remarried

Person(s) **not** permitted to pick up children: _____