



ANKENY CHRISTIAN ACADEMY FAMILY ENROLLMENT FORM PART-TIME STUDENT

20____ - 20____

Please complete this form and return it with the registration fee. Acceptance for enrollment is pending upon approval by the administrator/principal.

Father's name _____
First
MI
Last

Father's occupation _____ Employer _____

Work number _____ Cell number _____

Mother's name _____
First
MI
Last

Mother's occupation _____ Employer _____

Work number _____ Cell number _____

Home address _____
Address
City/State
Zip Code

Home phone number _____ E-mail _____

Other E-mail _____

Student(s) live with (check one): Mother & Father _____ Mother only _____ Father only _____ Guardian _____ Other _____

Person(s) responsible for tuition payment: _____

Contact Information

As part of the Ankeny Christian Academy family, we will share your contact information with another ACA parent if it is requested of us. Mark any of the following if that is not your desire:

- Do not share any of my contact information.
- Do not share Dad's cell phone number. Do not share Mom's cell phone number.
- Do not share my address.
- Do not share email address.

Any special notes: _____

Media Release: My child's picture/name may be used by any media.

I do not want my child's picture/name to be used in the following ways:

- In the Ankeny Christian Academy yearbook, either with a group or individually
- In a photo taken of the classroom and shared with you or other Ankeny Christian Academy families
- In a Power Point or DVD presentation for the school
- On the ACA website
- On the ACA Facebook
- In a newspaper article or advertisement about Ankeny Christian Academy (all newspaper articles are put on their website)

Special instructions: _____

You may choose to have your tuition payments withdrawn on the 1st or the 15th of each month. To sign up, please fill out the automatic debit authorization form. This service is **free** to all ACA parents.

What church does your family attend? _____

Church address _____
Address
City/State
Zip Code

Are you members? Pastor's name _____ Pastor's phone number _____

The administrator or principal will be contacting the pastor or a representative from your church to verify attendance and involvement.
(over)

Father's Christian testimony _____

Mother's Christian testimony _____

How did you learn about Ankeny Christian Academy?

- | | |
|---|---|
| <input type="checkbox"/> Radio Advertisement | Which station? _____ |
| <input type="checkbox"/> Newspaper Advertisement | Which paper/when? _____ |
| <input type="checkbox"/> ACA Web Site | <input type="checkbox"/> Current ACA Family _____ |
| <input type="checkbox"/> Television Advertisement | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Summerfest | <input type="checkbox"/> ACA Day Camp |

Ankeny Christian Academy does not unlawfully discriminate on the basis of gender, race, color, national or ethnic origin, age, disability, military affiliation or socioeconomic status in administration of its employment and personnel policies, educational policies, admission policies, scholarship and loan programs and athletic and other school-administered programs. Inquiries or grievances may be directed to the ACA administration at 515-965-8114 or Ankeny Christian Academy, 1604 West 1st Street, Ankeny, IA 50023.