



Dear Prospective Family:

Thank you for your interest in enrolling at Atlantic Christian School. Since 1971, our mission has been to teach students to know, love, and serve God in a nurturing environment of academic excellence. Therefore, all of our curriculum and programs are distinctly Christian and taught from a Biblical perspective. We believe it is important for children and young people to learn to integrate a personal relationship with Jesus Christ into every aspect of life.

Our academic setting covers a full range of traditional subject areas. In addition, we also offer learning opportunities for both advanced and academically challenged students. Our dedicated faculty, staff, and administration, our small class sizes, and our “family-like” Christian atmosphere provide a fully comprehensive learning environment.

ACS is blessed with a 68,000 square-foot facility located on 37 acres in Egg Harbor Township. This spacious campus provides many avenues to explore God’s world through music, art, science, technology, athletics and more.

Atlantic Christian School is dually accredited with both the Middle States Association of Colleges and Schools and the Association of Christian Schools International.

Enclosed are all the forms necessary for enrollment. If you have not visited our campus yet, we invite you to attend an Open House or schedule a private tour. If you have any questions regarding the enrollment packet or to schedule a visit to ACS, please feel free to contact the Director of Admissions at 609-653-1199 ext. 307. We look forward to serving you and your family in the future.

Serving Him,

A handwritten signature in black ink that reads "Karen M Oblen".

Karen M. Oblen, MEd
Chief School Administrator

ATLANTIC CHRISTIAN SCHOOL
New Family Enrollment Checklist
K-12

For Office Only

Submit the following for each student enrolling:

- _____ Application for Admittance*
- _____ Student Interest and Intent Form (grades 6-12)*
- _____ Birth Certificate*
- _____ Immunization Record* (must be reviewed by school nurse prior to admission)
- _____ Most Recent Report Card and Standardized Test Scores (grades 1-12)*
- _____ High School Transcript (grades 10-12)*
- _____ Permission to Release Records*
- _____ Copy of IEP and Complete CST Evaluation (if applicable)*
- _____ Medical Information/Treat/Release Form* (Additional forms are required for life-threatening allergies, asthma, or seizure disorders)
- _____ Physical Examination (must be dated within 1 year of admission date)
- _____ Non-Prescription/Prescription Medication Forms
- _____ B6T Transportation Form*
- _____ Registration Fee for each student (non-refundable)*

Submit the following for each family enrolling:

- _____ Proof of Address (Deed, Mortgage or Tax bill, Utility bill, Drivers License)*
- _____ Emergency Contact and Family Update Form*
- _____ Philosophy of Discipline and Code of Conduct*
- _____ Policy for Acceptable Use of Technology (grades 1-12)*
- _____ ACS Morality Statements*
- _____ Pastor's Letter*
- _____ Financial & Policy Agreement Enrollment Contract*
- _____ Grandparent Information Form*
- _____ Volunteer Questionnaire*

Registration Fees:

By March 15, 2017: \$50 per student, family maximum of \$100
By April 30, 2017: \$75 per student, family maximum of \$150
After April 30, 2017: \$150 per student, family maximum of \$300

*All items with the asterisk must be turned in prior to the family interview

ATLANTIC CHRISTIAN SCHOOL

CRITERIA FOR APPLICATION REVIEW AND ADMISSIONS

1. Submit the application for admission and all other application materials, including the registration fee, to the school office.
2. Application materials will be reviewed by the Admissions Director. When complete, the New Family Interview will be scheduled.
3. New Family Interview will take place with two administrators. Students in grades 6 and up must be present at the interview.
4. Parents/Guardians will be informed of admissions decision in writing or verbally within 5 business days of the interview.
5. Parents/Guardians will meet with the Business Office to finalize payment arrangements.
6. Admissions criteria:
 - a. Student must reside with at least one parent or legal guardian who has a saving knowledge of the Lord Jesus Christ.
 - b. The family (at least one parent and child) must be in regular attendance at a Bible-believing church. The Pastor's form in this packet or a letter from the pastor is used to affirm the family's church involvement.
 - c. ACS must have sufficient information on the student to make a decision on acceptance. Parents must provide all material regarding any special needs, modifications, doctor or specialist recommendations for the classroom, etc.
 - d. ACS must be able to meet the needs of the student.
 - e. There must be availability within the grade level for which the student would be entering.
 - f. Students are required to demonstrate they are on grade level academically or not more than 1.5 grade levels below the current grade. Grade level will be determined by standardized test scores, admissions tests, and/or the most recent report card. Students entering Kindergarten and 1st grade will be tested prior to admission. Students entering grades 2-12 may be tested if needed.
7. Parents must understand and agree with the ACS Statement of Faith, the school's philosophy of Christian Education, standards of moral conduct listed in the Student Lifestyle Statement, and the ACS Morality Statements.
8. Parents must commit to support the work of Atlantic Christian School through regular prayer and participation in school activities.
9. Parents will be asked to financially support the school in addition to the tuition and fees charged for education. This includes involvement in fundraisers and donating to the Annual Fund if able.
10. The student must demonstrate a willingness to become a student at ACS.
11. Parents and students must agree to uphold and adhere to the policies and procedures found within the ACS Parent / Student Handbook.



**APPLICATION FOR ADMITTANCE
K- 12**

STUDENT INFORMATION

Name _____ Applying for Grade _____
First Name Last Name

Birthdate _____ Age _____ Sex _____ Social Security # _____
Month/Day/Year

Address _____
(Street, City, State, Zip Code)

Home Phone # _____

Student Email _____ Student Cell Phone # _____

Student lives with: (Mr. and Mrs.) _____

Relationship to student: ___ Parent ___ Other _____

Marital Status of Parents: ___ Married ___ Separated ___ Divorced ___ Single
___ Remarried ___ Other _____

Father _____ Email _____

Occupation _____ Employer _____

Work Phone # _____ Cell Phone # _____

Mother _____ Email _____

Occupation _____ Employer _____

Work Phone # _____ Cell Phone # _____

Primary language spoken at home: _____

Student Ethnicity: This information is used for reporting purposes only to our accrediting agencies.
Please check one:

___ African American ___ Caucasian ___ Bi-Racial
___ Asian ___ Hispanic ___ Other: _____
___ Caribbean ___ Native American ___ Decline to Answer

Name of Last School Attended: _____

Has your child ever repeated a grade or been recommended to repeat a grade? ___ Yes ___ No

If yes, please describe the circumstances: _____

Has your child ever been considered for any type of special needs or accelerated learning?

Does your child have an Individual Educational Plan (IEP)? Yes No

If yes, please attach a copy. (ACS must receive the COMPLETE Child Study Team Evaluation prior to making a decision on admission.)

Is your child currently receiving additional help outside the classroom such as tutoring, reading help, speech or language therapy? Yes No

If yes, please describe _____

Does your child have any behavior modification medication? Yes No

If yes, please specify: _____
(Medication must be listed on Medical Information and Release Form)

Does your child have a behavior plan? Yes No

If yes, please describe: _____

Has your child ever been suspended? Yes No

If yes, please explain: _____

Does your child support the decision to apply to ACS? Yes No

If no, please explain: _____

Please check if your child is interested in the following programs: Soccer Basketball

Cheerleading Baseball/Softball Instrumental Music Vocal Music Drama

SPIRITUAL INFORMATION

What church do you currently attend? _____

Pastor's Name _____ How long have you attended? _____

Please describe your participation in ministry _____

Mother: Briefly describe your personal relationship and walk with Jesus Christ? Are you a "Born Again" Christian? What does this mean to you?

Father: Briefly describe your personal relationship and walk with Jesus Christ? Are you a "Born Again" Christian? What does this mean to you?

BASIS OF INTEREST IN ATLANTIC CHRISTIAN SCHOOL

Are you in agreement with the school's aims and purposes? ___ Yes ___ No

Why do you want your child to attend ACS? _____

How did you learn of Atlantic Christian School? Check one or more below.

___ Referred by (school family name) _____
___ Website ___ Newspaper Article ___ Yellow Pages ___ Radio Publicity
___ Preschool Notice ___ Church Notice ___ Other

Please indicate the person or persons (parent or guardian) with whom the Business or Academic Offices should communicate in relation to this application.

In signing this application I agree that:

- All of the information provided is accurate and complete
- I agree with the school's Statement of Faith and Purpose.
- My child will follow the rules stated in the Parent / Student Handbook
- My child will go on scheduled field trips and other school activities
- The Administration and Faculty have full discretion and support in the classroom discipline of my child
- ACS reserves the right to place my child at the appropriate grade level and may be tested for placement
- ACS reserves the right to dismiss any child that does not cooperate with the educational process
- I will see that my child wears the standard school uniform
- I have read the financial policy and will make payments at the appropriate time
- My child's or family's image may be included in ACS photography, publications, website, school Facebook page etc.
- I understand that any matter of dispute between my student or family with ACS will be resolved with Christian conflict resolution, mediation, or arbitration. Under no circumstances will I seek monetary or physical damages from the faculty/staff and/or the Board of Directors.
- I understand that if any information has been omitted or falsified on the application or in the Family Interview process my child's acceptance to ACS will be in jeopardy.

Father's Name (print)

Mother's Name (print)

Father's Signature

Mother's Signature

Name of Guardian

Student's Name

Signature of Guardian

Student's Signature

NON-DISCRIMINATION POLICY

Since 1971, Atlantic Christian School has partnered with Christian parents to provide academic excellence blended with abiding faith. ACS admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities available to students at the school. Atlantic Christian School does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational or admissions policies, scholarship and loan programs, athletic and other school-administered programs.

CONSTITUTION OF ATLANTIC CHRISTIAN SCHOOL, INC. (Excerpted)

ARTICLE I. NAME AND PURPOSE

Section 1. Name.

The name of this non-profit corporation is Atlantic Christian School, Inc. ('corporation').

Section 2. Purpose.

The corporation's purpose is charitable in its nature, and its purpose is to organize and operate, without profit, one or more private schools, which will give to the youth of the county and vicinity instruction in all subjects usually taught in public schools, such instructions to be given in accordance with the tenets of Biblical Christian faith and this Constitution, to the end that the student may grow in grace and in the knowledge of God through our Lord and Savior Jesus Christ, and become worthy citizens of our nation.

STATEMENT OF FAITH

1. We believe the Bible to be the inspired and only infallible authoritative Word of God. (2 Timothy 3:16-17; Peter 1:21)
2. We believe that there is one God, eternally existent in three persons: Father, Son, and Holy Spirit. (Deuteronomy 6:4; John 14:26; Matthew 28:19; Romans 1:17; Hebrews 1:8; Acts 5:3-4)
3. We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory. (Matthew 1:18-25; 1 Peter 2:22; 1 Corinthians 15:3-4; Acts 1:9-11; Hebrews 7:25; John 3:16-18; Romans 10:9-13)
4. We believe that for salvation for lost and sinful man, regeneration by the Holy Spirit is absolutely essential and that this salvation is received by faith alone. (1 Corinthians 15:14; Ephesians 1:7; John 1:12-13; Philippians 2:5-11)
5. We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a Godly life. (Ephesians 1:13-14; John 16:7-16; 1 Corinthians 12:12-14; Romans 8:9)
6. We believe in the resurrection of both the saved and the lost; they that are saved unto the resurrection of life, and they that are lost unto the resurrection of damnation. (1 Thessalonians 4:13-18; 1:9-10; John 5:28-29)
7. We believe in the spiritual unity of believers in our Lord Jesus Christ.

Today's Date _____

Atlantic Christian School
NEW STUDENT INTEREST AND INTENT FORM

Grades 6 through 12 Only – Confidential

This form is to be completed by the student and must accompany the application.
For admittance for any new student entering grades 6-12. All blanks must be completed.

Student's Legal Name _____

Name of school last attended _____ Present Grade _____

1. Have you ever been a student at our school before? _____ If so, what grade? _____

2. Have you attended a Christian school before? _____ If so, what school and what grade? _____

3. Do you want to attend Atlantic Christian School? _____ Why/why not? _____

4. Have you ever repeated or skipped a grade? _____ If so, explain: _____

5. What is your favorite subject? _____ Subject you like least? _____

6. Have you received any honors or awards in school or outside of school? _____

7. Have you ever failed a subject? _____ If so, which subject(s)? _____

8. Have you ever been in trouble with school authorities, which has resulted in either a suspension or expulsion from school or had any other legal problems? _____ If so, explain: _____

9. What church do you attend? _____

10. Do you attend the following regularly? (Check all that apply):

Sunday School _____ Church Service _____ Youth Group _____ Mid-week Service _____

11. Describe your involvement at church: _____

12. Please give a brief testimony of your relationship to Jesus Christ:

13. List any special interests or hobbies you have: _____

14. There are standards of conduct at ACS, such as student lifestyle choice, honesty in all schoolwork, dress standards, as well as general behavior standards, which are explained in our Parent-Student Handbook. ACS prohibits students from participating in the use of tobacco, use of alcoholic drinks, use of illegal drugs or involvement in sexual activities both at school or in private. Do you agree that you will abide by such regulations to be a student at ACS? _____

If accepted and enrolled at Atlantic Christian School, I agree to abide by the regulations set forth by the school. I certify that this application has been completed by me and is accurate and complete.

Student Name (Print): _____

Student Signature: _____

ATLANTIC CHRISTIAN SCHOOL

PHILOSOPHY OF DISCIPLINE AND CODE OF CONDUCT

Philosophy of Discipline

The school's philosophy of discipline seeks to develop a spirit of obedience in each student. This spirit encourages love, respect and concern for both peers and those in authority. The school's discipline code provides for an orderly environment conducive to learning and instills acceptable standards of social behavior. The precepts of the discipline code are based on the Biblical concepts of morality, neatness, orderliness, truthfulness, responsibility, maturity and Christ-likeness (Deuteronomy 6:5-7; Galatians 5:22; 1Thessalonians 4:11-12; James 3:4-10).

All discipline matters will be handled in a loving but firm manner. Parental support and cooperation is expected. In addition, positive praise incentive methods will be used to encourage good behavior. Persistent or major problems will be communicated to the parents, and more severe measures will be taken if necessary (i.e. detention, suspension, expulsion).

Student Code of Conduct

1. Seek to always glorify the Lord Jesus Christ in the things that you do.
"Whether you eat or drink or whatever you do, do it all for the glory of God." (1 Corinthians 10:31)
Respect and obey teachers and staff.
"Everyone must submit himself to the governing authorities, for there is no authority except that which God has established. God has established the authorities that exist. Consequently, he who rebels against the authority is rebelling against what God has instituted, and those who do so will bring judgment on themselves. For rulers hold no terror for those who do right, but for those who do wrong. Do you want to be free from fear of the one in authority? Then do what is right and he will commend you." (Romans 13:1-3)
2. Respect and abide by the school rules contained in the Parent-Student Handbook.
3. Abstain from the use or possession of all alcoholic beverages, tobacco products, and drugs unless prescribed by a physician for medical purposes.
4. Treat other students with respect and apply the "golden rule" in relationships with them.
"And be kind to one another, tender-hearted, forgiving each other, just as God in Christ also has forgiven you." (Ephesians 4:32)
5. Maintain a pure sexual life and avoid inappropriate physical conduct.
6. Guard your language and refrain from using obscene or profane words, lying, gossiping, or speaking unkindly to others.
"Do not let any unwholesome talk come out of your mouths, but only what is helpful for building others up according to their needs, that it may benefit those who listen." (Ephesians 4:29).
7. Dress in accordance with the school's dress code, reflecting the values of modesty and neatness.
8. Help take care of school property. This includes such things as: not littering, not defacing walls or bulletin boards, not writing on desks, etc.
9. Be honest and conscientious in your academic work.

Student Lifestyle Statement

Atlantic Christian School is a non-denominational, non-profit Christian school representing Jesus Christ throughout the southern New Jersey community. Atlantic Christian School desires that its students become born-again Christians, living their lives as Christian role models (Romans 10:9-10; I Timothy 4:12; Luke 6:40). Students in grades 6-12 will conduct themselves in a way that will not raise questions regarding their testimonies. A Christian lifestyle should reflect the Biblical perspective of integrity and appropriate personal- peer relationships and moral behavior. Every student is expected to demonstrate a teachable spirit, an ability to share Christian love for others, a willingness to live contentedly, respect others, submit to authority, and a commitment to follow the Matthew 18 principle when an issue arises with fellow students, faculty or staff.

The Atlantic Christian School Statement of Faith expects students to maintain a lifestyle based on Biblical standards of moral conduct. Moral misconduct, includes, but is not limited to, sexual activity, homosexual behavior, pregnancy before marriage, abortion or any other violation of the unique roles of male and female (Romans 1:21-27; I Corinthians 6:9-20).

Atlantic Christian School students are expected to maintain a lifestyle based on Biblical standards of conduct. Failure to do so may result in expulsion or removal from the student body. It is the goal of Atlantic Christian School that every student will have a lifestyle in which "He might have the pre-eminence" (Colossians 1:18, KJV)."

Honor Code

Students enrolled at ACS are representatives of the school and its purpose as well as of the Lord Jesus Christ. As such, all students are expected to exemplify their respect for, and support of, the principles and objectives of ACS at all times. In addition, each student will do his/her utmost to exert a positive influence on the attitudes and behavior of his/her fellow students. Students found to be out of harmony with the ACS principles and objectives may be asked to withdraw whenever the general welfare of the student body demands it.

We have read, understood and agree to abide by the Atlantic Christian School Student Code of Conduct, Student Lifestyle Statement, and Honor Code at all times while enrolled at ACS.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Student Signature, if 6th grade or above

Date

Student Signature, if 6th grade or above

Date

Student Signature, if 6th grade or above

Date

Atlantic Christian School

Policy for Acceptable Use of Technology

Introduction

ACS believes that technology has much to offer students with its wide variety of resources. It is the school's goal to educate students about efficient, ethical, and appropriate use of these resources.

The Policy for Acceptable Use of Technology outlines the application of the guiding principles contained in our Mission and Vision Statements in the appropriate use of technological resources. Adherence to this policy is necessary for continued access to the school's technology resources. Because it is impossible to anticipate all ways in which individuals may use these resources, the intent of this policy is for guided application of our principles.

Access to computers, the Internet, and other technology resources is a privilege. Permission for the use of computers, the Internet and other technology resources will be granted to students who have received appropriate training. This signed agreement form is required.

Within the context of our mission, technology will be used to help meet goals set forth in our curriculum. The school will provide the following:

1. A reliable Internet connection protected by censor ware. Censor ware or web filtering software has been implemented on the ACS network in order to restrict access to inappropriate material on the Internet. This software will automatically block access to certain categories of internet sites deemed inappropriate by ACS.
2. Age (grade) appropriate supervision of students while using technological resources including, but not limited to computers, the Internet, electronic devices, recording and photographic equipment.
3. Training that spells out appropriateness, general instruction, and technology etiquette.

CODE OF ETHICS

The student will strive to act in all situations with honesty, integrity, and respect for the rights of others. The student will make a concerted effort to be a good testimony to fellow students, to faculty, staff and others with whom he/she interacts. The student will strive to apply Phil. 4:8 to the use of technological advances with which God has blessed us.

Students may not use technology to:

1. Disparage or speak/write negatively about ACS, its faculty/staff, or fellow students
2. engage in illegal activity
3. participate in financial gain/transactions
4. degrade or disrupt equipment/system performance
5. vandalize data, invade privacy of or use another user's account
6. gain unauthorized access to resources or to circumvent computer network security, including censor ware
7. post or publish inappropriate messages or information
8. knowingly download malicious software
9. violate the essence of the ACS Mission Statement
10. post or publish any information that would damage the reputation of ACS within the United States or in any country around the world.

Internet/Computers/ACS Network Environment

Monitoring User/Network Activity – In order to enforce policy statements regarding use of ACS computer systems, ACS reserves the right to monitor its user's activity on the computer/networked systems. Monitoring will be performed on both a routine and random basis by system administrators for the purpose of assuring quality performance and appropriate use of school technology. In addition, ACS may from time to time need to access messages and or files for back up, maintenance, and other administrative purposes. Users, therefore, should not have any expectations of personal privacy with respect to any message sent, received or file stored on any ACS computer or electronic communications systems.

Electronic Devices

1. All cell phones and other portable communication devices must be turned off and stored in the student's backpack or locker during school hours. When necessary, a student can obtain permission from school personnel to use these devices. Students not complying with this policy will have their cell phone or electronic device confiscated. The school office will release the device only to the parent or guardian of the student. Administrators,

teachers, and supervisors of extracurricular activities are authorized to modify this policy to accommodate communication needs for the duration of a class period, off-site trip or extended care.

2. Radios, iPods, iPads, video games, and similar devices may not be used during school hours.
3. Personal or laptop computers are only permitted in school with permission from appropriate school personnel for the sole purpose of completing school work and may not be used for playing games, listening to music, watching videos, etc. The school is not responsible for damage to or theft of any such device.
4. Photographic and recording devices may only be used with permission from the appropriate school personnel.
5. Students may not photograph or record other students, staff, or faculty without consent.

Disclaimer

The Internet user and his/her parent/guardian must understand that he/she uses the Internet at his/her own risk. Considering the provisions mentioned above, ACS cannot assume responsibility for:

1. the reliability of the content of a source. Students must evaluate and cite sources appropriately
2. costs incurred if a student requests a product or a service for a fee.
3. any consequences of disruption in service that may result in lack of resources. Though every effort will be made to insure a reliable connection, there may be times when the Internet service is down or scheduled for use by teachers, classes or other students.

Statement of Agreement

It is understood that the use of technology and Internet access for students is a privilege, not a right. All students will agree to adhere to the Code of Ethics.

I will strive to act in all situations with honesty, integrity, and respect for the rights of others. I will make a concerted effort to be a good testimony to my fellow students, to all faculty, staff and others with whom I interact. I will strive to apply Phil. 4:8 to the use of technological advances with which God has blessed us.

The student and parent/guardian must sign that they have read and discussed these rights and responsibilities together. By signing the student and parent/guardian agreements, all agree to abide by the intent of this policy.

Student Agreement (for grades 4 – 12)

I have read Atlantic Christian School's Policy for Acceptable Use of Technology. I agree to follow the rules contained in this policy. I understand that if I violate the rules, my privileges can be terminated. I understand that as a consequence I may face disciplinary measures up to and including expulsion and such behavior may be reported to legal authorities.

Student Signature (for 4th grade and above) Date

Student Signature (for 4th grade and above) Date

Student Signature (for 4th grade and above) Date

Parent/Guardian Agreement

In accordance with the school's mission statement, as a parent or legal guardian of the student signing above, I have read this policy and grant permission for my student to use all available technological resources within the prescribed parameters. I understand that my student will be held responsible for violations of the school's policy and any resulting consequences.

Parent/Guardian Name Signature Date

Parent/Guardian Name Signature Date



Atlantic Christian School Morality Statements

BIBLICAL MORALITY LIFESTYLE STATEMENT

Atlantic Christian School stands firmly upon the historical truth claims and moral foundations of Christianity. This includes, but is not limited to, the biblical definition of marriage, the attendant boundaries of sexuality and moral conduct, and the clear biblical teaching that gender is both sacred and established by God's design. Parents or the legal guardians, who choose to enroll their children at ACS, are agreeing to support these and other basic biblical values derived from historical Christianity. Parents understand and agree that ACS will teach these principles and biblical values.

In addition, the ACS Board of Directors urges parents to recognize their scriptural responsibility (Deut. 6:1-9, Psalm 78:5, 6, Proverbs 22:6) to provide their children with a Christian education and to understand that the primary responsibility for this task rests with the parents (Eph. 6:4). ACS was founded and continues to operate upon biblical values and the desire and commitment for Bible-believing Christian parents to enroll their children in an intentionally Christian environment. Continued enrollment at ACS is contingent upon this same understanding and support by both the student and parents.

ACS is a religious institution providing an education in a distinct Christian environment, believing its biblical role is to work in conjunction with the home to mold students to be Christ-like. On occasions in which the atmosphere or conduct within a particular home or the activities of the student are counter to or in opposition to the biblical lifestyle the school teaches, the school reserves the right, within its sole discretion, to refuse admission of an applicant or discontinue enrollment of a current student. This includes, but is not necessarily limited to, living in, practicing, condoning, or supporting sexual immorality, including but not limited to, sex outside of marriage, homosexual acts, bi-sexual acts; gender identity different than the birth sex chromosomal level; promoting such practices; or otherwise the inability to support the moral principles of the school (Lev. 20:13a, Romans 1:27, Matt. 19:4-6).

ACS believes that every person is created in the image of God, that human sexuality reflects that image in terms of intimate love, communication, fellowship, subordination of the self to the larger whole, and fulfillment. God's Word makes use of the marriage relationship as the supreme metaphor for His relationship with His covenant people and for revealing the truth that that relationship is of one God with one people. Therefore God's plan for human sexuality is that it is to be expressed only in a monogamous lifelong relationship between one man and one woman within the framework of marriage. This is the only relationship that is divinely designed for the birth and rearing of children and is a union made in the sight of God, taking priority over every other human relationship. This is validated by Gen. 1:27-28; 2:18, 20, 23-24; Isa. 54:4-8; 62:5b; Jer. 3:14; Ezek. 16; Hosea 2; Mal. 2:14; Matt. 19:4-6; Mark 10:9; John 2:1-2, 11; 1 Cor. 9:5; Eph. 5:23-32; 1 Tim. 5:14; Heb. 13:4; and Rev. 19:7-8.

ACS believes to follow the teachings of Scriptures regarding marriage and divorce we must affirm that sexual relationships outside of marriage and sexual relationships between persons of the same sex are immoral and sinful. We further affirm that heterosexual monogamy is God's plan for marriage, and we regard sexual sin of the spouse, such as adultery, homosexual behavior, bestiality or incest, as the only biblical grounds for considering divorce, and then only when appropriate counseling has failed to restore the relationship. ACS abhors the trend to ignore God's laws of chastity and purity, and vigorously opposes public acceptance of sexual promiscuity and all factors and practices that promote it. The school maintains a biblical view of human sexuality that makes the sexual experience, within the framework of marriage, a gift of God to be enjoyed as communion of a man and woman, as well as for the purpose of procreation. Sexual relationships outside of marriage and sexual relationships between persons of the same sex are immoral and sinful. The depth of the sinfulness of homosexual practice is recognized, and yet we believe the grace of God sufficient to overcome both the practice of such activity and the perversion leading to its practice. This is validated by Ex. 20:14, 17; 22:19; Lev. 20:10-16; Matt. 5:32; 19:19; Mark 10:11-12; and Luke 16:18.

Gender differentiation and male/female uniqueness are part of a divine design that God indelibly engraved upon creation. God gives out bodies to us for spiritual and relational purposes, as well as physical ones. It is His desire that the most fundamental distinctions we experience as human beings should remind us that our completeness is ultimately found in communion with Himself and others. For this reason, "The Lord God said, 'It is not good for the man to be alone. I will make a helper suitable for him'" (Gen. 2:18). Personal fulfillment involves intimate fellowship and union with God, as exemplified by the ideal of Christ as the bridegroom and the Church as His bride (Eph. 5:22-32; Rev. 19:7-9). Based on our biblical and theological study, there is no argument for a "third gender" among humans. Gender confusion and dysphoria are ultimately the biological, psychological, social, and spiritual

consequences of the human race's fallen condition. This state of depravity affects all persons individually and collectively. While society is at liberty to legitimize any behavior it chooses simply by reclassifying and renaming it, Christ-followers adhere to biblical boundaries. It is our Christian conviction that renaming them cannot normalize sin and its expressions. We call upon biblical Christians to continue to accept their role as witnesses who speak prophetically about the need for repentance and sanctification in every culture.

MARRIAGE, GENDER, AND SEXUALITY STATEMENT

We believe that God wonderfully and immutably creates each person as male or female. These two distinct, complementary genders together reflect the image and nature of God (Gen. 1:26-27). Rejection of one's biological sex is a rejection of the image of God within that person. We believe that the term "marriage" has only one meaning: the uniting of one man and one woman in a single, exclusive union, as delineated in Scripture (Gen. 2:18-25). We believe that God intends sexual intimacy to occur only between a man and a woman who are married to each other (1 Cor. 6:18; 7:2-5; Heb. 13:4). We believe that God has commanded that no intimate sexual activity be engaged in outside of a marriage between a man and a woman. We believe that any form of sexual immorality (including adultery, fornication, homosexual behavior, bisexual conduct, bestiality, incest, and use of pornography) is sinful and offensive to God (Matt. 15:18-20; 1 Cor. 6:9-10). We believe that in order to preserve the function and integrity of ACS as Christian ministry, and to provide a biblical role model to the ACS families, it is imperative that all persons employed by ACS in any capacity, or who serve as volunteers, agree to and abide by this Statement on Marriage, Gender, and Sexuality (Matt. 5:16; Phil. 2:14-16; 1 Thess. 5:22). We believe that God offers redemption and restoration to all who confess and forsake their sin, seeking His mercy and forgiveness through Jesus Christ (Acts 3:19-21; Rom. 10:9-10; 1 Cor. 6:9-11). We believe that every person must be afforded compassion, love, kindness, respect, and dignity (Mark 12:28-31; Luke 6:31). Hateful and harassing behavior or attitudes directed toward any individual are to be repudiated and are not in accord with Scripture.

FINAL AUTHORITY IN MATTERS OF BELIEF AND CONDUCT STATEMENT

The statement of faith does not exhaust the extent of our beliefs. The Bible itself, as the inspired and infallible Word of God that speaks with final authority concerning truth, morality, and the proper conduct of mankind, is the sole and final source of all that we believe. For purposes of ACS' faith, doctrine, practice, policy, and discipline, our Board of Directors are ACS' final interpretive authority on the Bible's meaning and application.

SANCTITY OF HUMAN LIFE STATEMENT

We believe that all human life is sacred and created by God in His image. Human life is of inestimable worth in all its dimensions, including pre-born babies, the aged, the physically or mentally challenged, and every other stage or condition from conception through natural death. We are therefore called to defend, protect, and value all human life (Psalm 139).

MARRIAGE POLICY STATEMENT

Because God has ordained marriage and defined it as the covenant relationship between a man, a woman, and Himself, ACS will only recognize marriages between a biological man and a biological woman. Further, the Board of Directors, Chief School Administrator, and Staff of ACS shall only participate in weddings and solemnize marriages between one man and one woman. Finally, the facilities and property of ACS shall only host weddings between one man and one woman.

My signature below indicates that I am in agreement with and willing to abide by the moral integrity standards and Christian role model lifestyle requirements of Atlantic Christian School.

Parent/ Guardian Signature

Date

Parent/ Guardian Signature

Date

Student Signature (Grades 7-12)

Date

Student Signature (Grades 7-12)

Date



391 Zion Road, Egg Harbor Township, NJ 08234
Phone: 609-653-1199 Fax: 609-653-1435
www.acseht.org

Dear Pastor,

The mission of Atlantic Christian School is to teach students in a challenging educational program that is personal, relational, and distinctively Christian.

Therefore, ACS requires all of our school families to be in regular attendance at a Bible- believing church. We require a Pastor's recommendation letter for **all new families and for all returning families whose children are entering Kindergarten, 6th or 9th grade.**

Please take a few moments to share with us about this family.

Thank you for taking the time to do this. This information, which will be kept entirely confidential, will help to ensure that Atlantic Christian School can continue to provide an atmosphere and learning environment which is distinctly Christian.

Please return this form to the attention of Barbara Harmon by fax, mail or email at bharmon@acseht.org. If you have any questions, please do not hesitate to contact me.

Serving Him,

Karen M. Oblen, M.Ed.
Chief School Administrator

Pastor's Name _____ Name of Family _____

Church Name _____ Telephone # _____

Church Address _____

Does this family attend regularly?

Do they evidence a Christian walk?

Are they involved in any church ministries?

Do you know their children?

How long have you known this family?

Your observations and comments:

Pastor's Signature _____ Date _____

ATLANTIC CHRISTIAN SCHOOL EMERGENCY CONTACT AND FAMILY UPDATE FORM

2017-2018

Mother/Legal Guardian _____ Pick Up: Yes / No
 Address _____ Phone _____ Cell _____
 City _____ State _____ Zip _____
 Employer _____ Work Phone _____
 Church _____ Email _____

Father/Legal Guardian _____ Pick Up: Yes / No
 Address _____ Phone _____ Cell _____
 City _____ State _____ Zip _____
 Employer _____ Work Phone _____
 Church _____ Email _____

Student lives with _____

Parental Information: Please note that copies of any court orders pertaining to custody of your child/children must be submitted to Atlantic Christian School prior to admittance.

Please list below any other person we may contact in case of an emergency and we are unable to reach you. Please also indicate if they have permission to pick up your child from school.

Name / Relationship	Home Phone	Cell Phone	Work Phone	Pick Up
				Yes / No
				Yes / No
				Yes / No
				Yes / No

Phone Tree: Throughout the week important school messages are sent out via our electronic phone messaging system. **If you have a block system in place on your home phone you will not receive these messages. Please indicate which phone number to use as an alternate.**

Alternate phone number _____

ATLANTIC CHRISTIAN SCHOOL FINANCIAL & POLICY AGREEMENT ENROLLMENT CONTRACT

TERMS OF CONTRACT

In consideration of the acceptance of this contract by Atlantic Christian School, the undersigned agrees to pay the required tuition according to one of the following methods of payment. This payment plan will be applied to all future years of enrollment unless the Business Office is notified. In addition, the undersigned agrees to all policies and procedures found in the Parent-Student Handbook.

Tuition Payment Plans (*Please select one and initial in space provided*):

____ I agree to pay tuition by an annual payment, made directly to the school by **June 1**. A prepayment discount of 3% will be applied.

____ I agree to pay tuition in two semi-annual payments, made directly to the school by **June 1 and December 1**.

____ I agree to pay tuition in 12 monthly payments by electronic fund transfer through FACTS. Payment schedules will begin in **June** and continue through and including **May**. If enrollment occurs after June 1st, monthly payments will begin the month following enrollment and continue through and including May.

Additional Fees:

1. Non-refundable Enrollment Fee to be paid every March for continuous enrollment. Payment of the fee reserves a space for the next school year.
2. Non-refundable Materials Fee for books and classroom supplies due by July 1.
3. Non-refundable ACH fee for all automated payments through FACTS. Annual fee is \$54.
4. Non-refundable Athletic Fee **per student per sport** in grades 6-12 due before first game of season. High School: \$250.00, Middle School and Cheerleading: \$125.00
5. Late Fee of \$20.00 for each month in which a payment is not received within 10 days of the due date.
6. Returned Check Fee of \$25.00 for checks returned or \$30.00 for declined automatic withdrawals from the bank.
7. Extended Care fee of \$5.25 per hour for all students K-12.
8. Extended Care Late Fee of \$25.00 per hour if student picked up after 5:30pm or other designated closing time.

Compliance with School Financial Policies:

1. Withdrawals from school must be done in writing using the Notice of Withdrawal Form which will state the last date of the student's attendance.
2. In the event of withdrawal, the following tuition schedule applies:
 - September 1 - December 31: 50% of full tuition due
 - January 1 – February 29: 75% of full tuition due
 - After February 29: 100% of tuition due
3. **Tuition payments are not refundable.** Pre-payments or amounts paid in excess of 50% or 75% are not refundable.
4. Any account that becomes 60 days past due will be considered delinquent. Report cards will not be issued for students with delinquent accounts until the accounts are made current. Final report cards and records will not be released until a student's account is satisfied in full.
5. Any student whose account becomes 60 days past due will be suspended until the account is satisfied in full.
6. No student will be allowed to register for the upcoming school year if that student's account is not current.

7. ACS reserves the right to send any delinquent account to a collection agency and to report any unpaid amounts to a national credit-reporting agency. The financially responsible party must reimburse any fees incurred by the school as a result of account collections to the school.
8. For students who are dismissed from ACS, tuition shall be pro-rated based upon four weeks after the child's last day of school.

In order to determine our school's eligibility for federal and state funding for supplemental instruction programs, please find your household size in the chart below. Then, scan across to determine if your gross income level (annually, monthly, or weekly) is less than or equal to the amount listed. (ACS does **not** receive funding for reduced or free lunch programs.)

INCOME ELIGIBILITY GUIDELINES						
<i>Effective from July 1, 2016 to June 30, 2017</i>						
HOUSEHOLD SIZE	FREE MEALS OR MILK			REDUCED MEALS OR MILK		
	Annual	Monthly	Weekly	Annual	Monthly	Weekly
1	\$15,344	\$1,287	\$297	\$21,978	\$1,832	\$423
2	\$20,826	\$1,736	\$401	\$29,637	\$2,470	\$570
3	\$26,208	\$2,184	\$504	\$37,296	\$3,108	\$718
4	\$31,590	\$2,633	\$608	\$44,955	\$3,747	\$865
5	\$36,972	\$3,081	\$711	\$52,614	\$4,385	\$1,012
6	\$42,354	\$3,530	\$815	\$60,273	\$5,023	\$1,160
7	\$47,749	\$3,980	\$919	\$67,951	\$5,663	\$1,307
8	\$53,157	\$4,430	\$1,023	\$75,647	\$6,304	\$1,455
Each additional Household Member	+\$5,408	+\$451	+\$104	+\$7,696	+\$642	+\$148

Please check one of the following:

_____ Based on the above chart, our gross household income is **at or below** the annual, monthly, or weekly amount shown for **Free Meals or Milk**.

_____ Based on the above chart, our gross household income is **at or below** the annual, monthly or weekly amount shown for **Reduced Meals or Milk**.

_____ Based on the above chart, our gross household income is **above** the annual, monthly, or weekly amount shown.

CONTRACT ACCEPTANCE

I have reviewed all the pages of this enrollment contract and agree to abide by the provisions of the contract and all materials incorporated in it upon acceptance into the school. I further agree to all policies and procedures stated in the Parent-Student Handbook.

Father/Legal Guardian

Signature and Date

Mother/Legal Guardian

Signature and Date

Financially Responsible Party
(If someone other than parent or legal guardian)

Signature and Date

ATLANTIC CHRISTIAN SCHOOL 2017-2018 MEDICAL CHECKLIST

_____ Complete the **Medical Information/Treat/Release Form - BOTH SIDES** - Required annually

_____ **Submit Copy of Latest Physical Exam**

Required for **NEW** students entering K-12. Must be within 1 year of start date.

_____ **Copy of Updated Immunization Record**

●Required annually for Early Education, Kindergarten and 6th grade

●Any immunizations administered after the start of school must be submitted to the school nurse as received.

●Flu shots are required for all children ages 6 to 59 months and must be administered between September 1 and December 31 annually. Early Education students will not be permitted to attend classes after January 1 until evidence of the flu shot is submitted to the school nurse.

_____ **Copy of Health Insurance Card - BOTH SIDES** - Required annually

_____ **If your child will require any prescribed medications to be administered in school every day or as needed, you will need to do the following:**

_____ 1. Complete a Prescription Medication form and bring to school nurse. (can be the School form, Asthma Treatment Plan, Food Allergy Treatment Plan, Epi-Pen, etc).

-The form must be signed by a doctor and the parent.

-A new form is needed each year and is effective September-August.

_____ 2. Bring Prescribed Medication/Equipment to nurse

-The medication must be brought in the original container and have the student's name on it. It must also be placed in a plastic bag with the student's name on it.

-The medication will be held in a locked cabinet.

-Medications will be given out by the school nurse during school hours.

-For medications (ex. inhalers, nebulizers, Epi-pens) to be given after school hours, please contact the school nurse.

-If you would like your child to be able to carry a medication (ex. inhaler, ointments, etc.), please fill out the self-administration section. If it is an inhaler, you must have the physician's signature.

_____ **If you would like the school nurse to provide Non-Prescription Medications to your child, you will need to do the following:**

_____ 1. Complete the Non-Prescription Medication form and bring to school nurse.

-The form must be signed by a doctor and the parent.

-A new form is needed each year and is effective September-August.

-Medications will be given out by the school nurse during school hours.

Atlantic Christian School Medical Information/Treat/Release Form 2017-2018

Student Name: _____ Date of Birth: _____ Gender _____
 Age: _____ Grade for 2016-2017: _____

Name of Parent/Legal Guardian: _____
 Address: _____
 Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

Emergency Contact (if parent/legal guardian not available):
 1. Name: _____ Phone #: _____
 2. Name: _____ Phone #: _____

Date of Latest Physical Exam: _____
New students entering grades K-12 must have a physical within 1 year of the start date.

Immunizations Up To Date: Y N (Circle one)
 Provide a copy if entering as a new student, Kindergarten, 6th grade or Early Education

Health History

Circle **Yes** if student has or has ever had the medical issue; Circle **No** if student has never had the medical issue.

Y N **Asthma:** Seasonal or Chronic (circle one) Daily Asthma Medication(s): _____
 PRN Asthma Medication(s): _____
 (REQUIRED: Asthma treatment plan from doctor and bring medication to be stored in nurse's office)

Y N **Anaphylactic Allergic Reaction:** Date: _____ Describe event: _____

Y N **Epi-Pen Available?**

Y N **Allergies-**(Students with severe allergic reactions to any of the following must complete an Anaphylactic Action Plan or Food Allergy Action Plan and provide Epi-Pen to be stored in the nurse's office)

Y N Hay Fever	Y N Nuts: Type: _____
Y N Poison Ivy	Y N Beans: Type: _____
Y N Insect Stings	Y N Dairy: Type: _____
Y N Medications: Name: _____	Y N Seafood: Type: _____
Y N Other: Type: _____	

Y N **Daily Medications:** Please List: _____

Y N **Will student require medications at school?** Prescription Medication form REQUIRED. Bring medication in the original container appropriately labeled with the student's name on it.

Y N **ADD/ADHD:** Type: _____ Medications: _____ Special Diet: _____

Y N **Autism:** Describe: _____ Medications: _____ Special Diet: _____

Y N **Neurological Issues:** Describe: _____

Y N **Neuromuscular Issues:** Describe: _____

Y N **Concussion:** Date: _____ Limitations: _____

Y N **Diabetes:** Medication: _____ Sliding Scale or Insulin Pump? (Circle one)
 (REQUIRED: Diabetes Action Plan from doctor and equipment/medication to be kept in nurse's office)

Y N **Seizures:** Type: _____ Date of Last Seizure: _____ Medication: _____
 (REQUIRED: Seizure Action Plan from doctor and any prn medications to be stored in nurse's office)

Y N **Heart Conditions:** Type: _____ Medications: _____

Y N **Fractures/Dislocations/Sprains:** Date: _____ Type: _____

Y N **Operations:** Date: _____ Type: _____

Y N **Serious Injuries:** Date: _____ Type: _____

Y N **Chronic or Recurring Illnesses:** Type: _____

Y N **Gastrointestinal Issues:** Describe: _____ Equipment? _____

Y N **Urinary Issues:** Describe: _____

Y N **Psoriasis/Eczema** (If yes, circle) Y N **Other Skin Issues:** Type: _____

Y N **Emotional Issues:** Type: _____ Y N **Psychiatric Counseling:** _____

Y N **Ear Infections** Y N **Ear Tubes:** Date Placed: _____ Y N Still In? _____

Y N **Vision Issues:** Type: _____ Y N **Glasses/Contacts**

Y N **Hearing aids**

Y N **Diseases:** (Circle if appropriate) Chicken Pox, Measles, Mumps, Rheumatic Fever, Mononucleosis, Other: _____

Health Insurance: (Please copy BOTH SIDES of Insurance Card and attach to this form.)

Name of Health Insurance: _____ Policy Number: _____

Group Number: _____

Name of Child's Physician/Clinic: _____

Address: _____ Phone#: _____

Parent's Authorization:

1. Health History

This health history is correct so far as I know and I hereby give my permission to have my child participate in all prescribed school activities (including sports, intramurals, and other activities supervised by the teaching staff or coaching on or away from school grounds), except as noted by an examining physician (with documentation).

Restrictions: _____ Physician's documentation brought in? Y N

Signature of Parent/Legal Guardian _____ **Date** _____

2. Release Medical Information

I, _____, hereby give permission to school personnel to obtain and/or release
Print Name of Parent/Legal Guardian
information regarding my child's medical information in order to best meet the medical and health needs of my child in the school setting.

Signature of Parent/Legal Guardian _____ **Date** _____

3. Medical Emergencies

I, _____, hereby give my permission for approved personnel at Atlantic
Print Name of Parent/Legal Guardian
Christian School to administer first aid, medications, or any other assistance they consider to be in the best interests of my child _____.
Print Name of Child

In the event of an emergency (accident, injury or acute/severe illness), I request the school to contact me. If the school is unable to reach me, the school may make necessary arrangements to treat my child.

I hereby authorize the supervising staff member in charge to call an emergency ambulance in the event of accident, injury or acute/severe illness, and to arrange for necessary emergency medical and surgical care, in case I am not immediately available.

Any qualified physician called by a staff member may treat and do whatever is necessary for the health and well being of my child. It is understood that a conscientious effort must be made to notify me (parents) before such action will be taken.

I hereby give permission to the physician selected, to hospitalize, secure proper treatment for and to order and perform any diagnostic tests, X-rays, injections, anesthesia or surgery for my child as named above. I also accept responsibility for the cost of the above medical services.

Signature of Parent/Legal Guardian _____ **Date** _____

2017-2018
PRESCRIPTION MEDICATION ORDER FORM

Student Name: _____ Date of Birth: _____ Grade: _____

PHYSICIAN TO COMPLETE:

Diagnosis: _____

Medication: _____

Dosage: _____ Route: _____ Frequency: _____

Precautions/Side Effects: _____

Special Instructions: _____

The student has been instructed in the proper dosing and administration. (Optional-only if age appropriate)

Physician Signature: _____ Date: _____
(Original/No signature stamps please)

Physician Name: _____

Street Address: _____

City/State/Zip: _____ Phone: _____

PARENTAL/GUARDIAN PERMISSION TO DISBURSE PRESCRIPTION MEDICATION (Required)

I give permission for (name of student) _____ to receive the prescribed medication at school. I will bring the prescribed medication to the school nurse in the **original container**, properly labeled with the student's name on it.

I give permission for my child to carry this medication while in school. (Optional/Age-appropriate - Physician must check box above that student has been instructed in proper dosing and administration.)

Date

Parent/Legal Guardian Signature

Nurse's Office Use Only:

Medication stored in Nurse's Office Emergency medication stored in _____

PLEASE PROVIDE A SEPARATE FORM FOR EACH PRESCRIPTION MEDICATION TO BE ADMINISTERED.
This order is effective September-August of each school year and must be renewed annually.

2017-2018
NON-PRESCRIPTION MEDICATION PERMISSION FORM

Please indicate either YES or NO if it is your desire that the school nurse give the following non-prescription, over-the-counter medications, as needed. **Please note that both the parent/legal guardian and the physician must sign this permission form.** A non-prescription medication order is effective September-August of each school year and must be renewed annually. Submit one form per student.

The school nurse has my permission to give the following non-prescription medication(s), as necessary, to:

Student Name: _____ Date of Birth: _____ Grade: _____

The following medications are provided by the school nurse:

<u>Circle Yes or No</u>		<u>Circle Yes or No</u>	
Yes/No	Ginger Tea (upset stomach)	Yes/No	Neosporin/Triple Antibiotic cream
Yes/No	Calamine Lotion	Yes/No	Bactine
Yes/No	Cough Drops (coughing, sore throat)	Yes/No	Benadryl (allergic reaction, Bee sting/bug bite, food allergy)
Yes/No	Tums		Dose _____ Frequency _____
Yes/No	Orajel (mouth sores, toothache)	Yes/No	Cortisone cream (rash, bug bites)
Yes/No	Saline Eye Wash/Visine	Yes/No	Sting relief antiseptic
Yes/No	Ibuprofen (pain, headache, or fever)	Yes/No	Acetaminophen (pain, headache, or fever)
	Dose _____ Frequency _____		Dose _____ Frequency _____

Other non-prescription medications must be provided by the parent/guardian. The medication must be in the original container with the student's name on the medication. Each medication must be in a plastic bag also labeled with the student's name.

Yes/No Other – Name _____ Dose _____ Frequency _____

Physician Signature: _____ Date: _____
(Original/No signature stamps please)

Physician Name (Print): _____

Street Address: _____

City/State/Zip: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

ATLANTIC CHRISTIAN SCHOOL GRANDPARENT INFORMATION FORM

School Year: _____

Atlantic Christian School annually sets aside a day to honor the grandparents of our students. Invitations are sent from the school for this event. If an email address is available, we will also send a monthly newsletter to keep grandparents up to date on school events. One form per family is all that is needed. If your child's grandparents are not available, you may identify someone else to be invited in their place.

Family Name: _____

Students:	Name _____	Grade _____
	Name _____	Grade _____
	Name _____	Grade _____
	Name _____	Grade _____

1. Grandparent's Name: _____

Address _____

Email _____

2. Grandparent's Name: _____

Address _____

Email _____

3. Grandparent's Name: _____

Address _____

Email _____

4. Grandparent's Name: _____

Address _____

Email _____

Family Representative (if grandparents are unavailable):

Name: _____

Address: _____

Relationship to student(s): _____

ATLANTIC CHRISTIAN SCHOOL VOLUNTEER QUESTIONNAIRE

PLEASE FILL OUT & RETURN TO ACS OFFICE. THANK YOU!

School Year: _____

Name of Student(s): _____ Grade(s): _____

Name: _____ Home Phone: _____

E-mail: _____ Cell Phone: _____

I am interested in helping with or would like more information about the following areas:

- Parent Teacher Fellowship (PTF) Board
- Serving Lunches
- Silent Auction Committee
- Legacy Gala
- Music Fest
- Thrift Shop
- Teacher's Lunches (Provide a food item)
- Scrip Card Program
- School Library
- Race For Education
- Serve-A-Thon
- School Office / Mailings
- Back to School BBQ
- Cougar Den (Concessions at athletic events)
- Please contact me – I have other talents I would like to share! (gardening, sound system, IT assistance, etc. _____)



PERMISSION TO RELEASE RECORDS

Date: _____

To: _____

Name of previous school(s)

Address: _____

The following student has enrolled at Atlantic Christian School:

Student Name: _____

Date of Birth: _____ Grade: _____

Please forward all academic and medical records for this student. Please include:

- All discipline records
- Official transcript showing all work completed at your school
- Grades at time of withdrawal
- An explanation of your grading system
- All standardized test results
- Health/immunization records
- Child study team records, if applicable

Send records to: Office of Admissions
Atlantic Christian School
391 Zion Road
Egg Harbor Township, NJ 08234

Authorization for Release of Pupil Records

I hereby give permission for my child's previous school to release academic and medical records for the purpose of enrolling at Atlantic Christian School.

Parent/Guardian Signature: _____

Relationship to Student: _____