

PLEASE DIRECT ALL APPLICATION MATERIALS TO:

Office of Admissions
PO Box 1089
Swannanoa, NC 28778
(fax) 828-581-2218
admissions@ashevillechristian.org

PARENT FORM K4/K5 APPLICANTS

PARENT INSTRUCTIONS

Please complete this form and return with your student's full you.	application to the ACA Office	of Admissions. Thank				
Applicant's name:	oplicant's name: Birth date:					
Applicant's age (yrs/months) as of August 31:						
If applying for K4, please circle which K4 program yo	u are applying for: Hal	f Day Full Day				
ACA's K4 Half Day Class meets Monday-Friday mornings from Monday through Friday from 8:10 a.m. to 3:00 p.m.	om 8:10 a.m. to 12:00 p.m. Tł	ne Full Day Class meets				
Has there been anything unusual in the home conditions or the child? (e.g. broken home, family deaths, or frequent mov						
Has the child's development been unusual in any way? (e.g.	walking, talking, illness, or pl	hysical impairments)				
Does (s)he present any special problems such as eating, sleep speech, nervous habits, dishonesty, or jealousy?						
Does your child						
 Know how to zip zippers? Know how to button buttons? Yes No 	6. Know how to use scissors7. Know how to use crayons					
3. Know how to tie his shoe laces? Yes No	8. Go to sleep promptly?	s? Yes No Yes No				
4. Put on his own coat and shoes? Yes No	9. Take a daytime nap?	Yes No				
5. Take care of his toilet needs? Yes No	10. Attended preschool?	Yes No				
Would your child rather play outdoors, play indoors, or watc	h TV?					
What TV programs does (s)he like to watch?						
How much time does (s)he spend watching TV?						
What is their usual bedtime?						
When does (s)he usually get up each day?						
Is (s)he independent in the bathroom?						
Is (s)he right handed, left handed, or ambidextrous?						
If your child still takes naps, please note when and for how l	ong:					
Please share any other information that might be helpful to	the teacher (use other side if	needed).				

CONFIDENTIAL PASTOR REFERENCE

PARENT INSTRUCTIONS Please sign this waiver and submit thi If you are new to the area (within 6 mo		·	
Applicant's name:		Current grade lev	rel:
Parents' names:			
My child is an applicant for admission Christian Academy the following confi Asheville Christian Academy Admission	dential reference form that you ca	n send via email, fax,	or mail directly to the
Signature of parent	Name of parent (please print)	Phone	Date
PASTOR/YOUTH LEADER IN Please complete section below and retu consideration of the above-named fam	ern directly to ACA. Thank you for	· thoughtfully complet	ting this form in
Name of Church:			
Pastor's Name:			
Position:	Phone:		
Signature		L	Date
In what capacity have you known	this family?		
For how long?			
This applicant attends worship: _	_ Weekly Monthly O	ther (Please explain	below)
Does this student applicant attended the Check all that apply. The student:	_	? Yes No	

Asheville Christian Academy

Strongly

___ attends worship regularly ___ is involved in youth group ___ participates in a church ministry

In summary, I recommend this applicant/family for admission to Asheville Christian Academy (please

circle one):

Enthusiastically

Moderately

With Some Reservation

MISSION STATMENT

Seeking to serve Jesus Christ and uphold His Pre-eminence, Asheville Christian Academy, in committed partnership with Christian parents, provides a Gospel-centered education to shepherd and inspire Christ-oriented lives within a community of grace and truth.

STATEMENT OF FAITH

The basis of this Corporation is the Word of God. In the light of the Word of God, we in our education program stand committed to the following:

- 1. The Bible is the Word of God, verbally inspired and inerrant as originally given, and is the supreme and final authority in faith and life.
- 2. God is Triune one eternal God existing in three persons: Father, Son and Holy Spirit. Man is created in His image. Creation and providence are revelatory of Him.
- 3. Christ is God manifested in the flesh, born of a virgin. He lived a sinless life, suffered and died in our behalf; and He arose bodily from the grave, ascended, and is coming again in power and glory. Christ is the only mediator between God and man.
- 4. Regeneration by the Holy Spirit is absolutely fundamental to Christian life and should be basic in all preparation for life. By God's grace only and through faith alone are our children, and we saved from sin and its evil consequences.
- 5. The present ministry of the Holy Spirit is to indwell the Christian, enabling him to live a godly life.
- 6. There will be a bodily 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.
- 7. The spiritual unity of believers is in our Lord Jesus Christ.
- 8. Parents are responsible for the education of their children. To bring them up in the Lord, they, through the agency of a Board, employ teachers who give evidence of a born-again life and who manifest ability to educate children morally and intellectually in the light of God's Word.
- 9. The pupils, being images of God, must be subject to His sovereign rule in their lives. Creation and providence (that which is taught), being God-revealing, must be presented as such. Such teaching makes for God-consciousness without which no Christian teaching is possible.
- 10. The doctrines stated in the first nine (9) sections of Article II are essential and indisputable. Some other doctrines have been debated by evangelical Christians over the centuries. It is the school's policy that students not be deprived of robust examination of any Biblical text, but it is always to be done with respectful consideration of the various historical interpretations. Additionally, a student raising a question concerning such a doctrine should be referred to his or her parents or pastor.



Leadership Ability

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CLASSROOM TEACHER REFERENCE

K4 AND KINDERGARTEN

PARENT INSTRUCTIONS Please sign this waiver and submit this form with an addressed, stamped envelope to the applicant's current teacher. Thank you.						
Applicant's name: Current				grade level: _		
☐ Please check here, sign below not currently enrolled in a pres			ACA Admissio	ons Office if th	e applicant is	
My child is an applicant for admis Christian Academy the following of Academy Admissions Office. I wai	onfidential referer	nce form that ye	ou should mail a	directly to the As		
Signature of parent		Name of par	rent		Date	
CLASSROOM TEACHER Please assess the above named stud preciated and may be attached sep- Admissions, PO Box 1089, Swar	arately. Return i	this form dire				
Academic	D 11 /	Above	•	Below	Not	
Characteristics	Excellent	Average	Average	Average	Applicable	
Fine Motor Coordination	0	0	0	0	0	
Language Arts	0	0	0	0	0	
Reading Comprehension Math Application	0	0	0	0	0	
Memory and Retention	0	0	0	0	0	
Creativity	Ö	0	0	0	Ö	
Verbal Communication Skills	Ö	Ö	Ö	Ö	Ö	
Work Habits						
Listening in Group Setting	0	0	0	0	0	
Following Directions	0	0	0	0	0	
Concentration	0	0	0	0	0	
Completion of Tasks	0	0	0	0	0	
Neat and Careful Work Habits	0	0	0	0	0	
Conformity to School Rules	0	0	0	0	0	
Emotional/Social Development	;					
Cooperation Among Peers	0	0	0	0	0	
Cooperation with Teachers	0	0	0	0	0	
Respect of Authority	O	0	0	0	0	
Independence	0	0	0	0	0	
Self-Confidence	0	0	0	0	0	
Self-Control	0	0	0	0	0	

(Continued on reverse side)

Please make short comment on the following:

Parental support and involve	ement			
Has outside help been recom	mended? Yes No	Been Given?	Yes No Ple	ease elaborate below:
Describe how well the applic	ant is respected by ad	ults/peers		
Additional comments				
In summary, I recommend th	nis applicant for admis	ssion to Ashevill	e Christian Acad	emy:
	Enthusiastically	Strongly	Moderately	With Some Reservation
Academic Promise	0	0	0	0
Character and Personality	0	0	0	0
Overall Recommendation	O	O	O	O
I have known him/her for	years.			
Name of School				
School address				
City	State		Zip	Phone
Teacher's name (please print	E)			
Teacher's position				
Signature	Date		Date	