

All Children's Academy



2801 Spring St.

Hot Springs, AR

71901

Application Form for Enrollment at All Children's Academy (ACA)

Instructions: Please complete every question on this application. Incomplete applications will be rejected. If you have any questions regarding what is being asked, please reach out to the office and ask for our School Director.

SECTION 1: PARENT OR GUARDIAN INFORMATION

A. PARENT OR GUARDIAN INFORMATION

Last Name	First Name	Middle Name
Preferred Name	Marital Status Married Separated Divorced Remarried Single	
(Area Code) Home Phone Number	(Area Code) Work Phone Number	
Home Address		
City	State	Zip Code
Place of Employment		Position/Role/Title
Work Address		
City	State	Zip Code
Email Address		
Relationship to Student		

B. PARENT OR GUARDIAN INFORMATION

Last Name	First Name	Middle Name
Preferred Name	Marital Status Married Separated Divorced Remarried Single	
(Area Code) Home Phone Number	(Area Code) Work Phone Number	
Home Address		
City	State	Zip Code

Place of Employment		Position/Role/Title
Work Address		
City	State	Zip Code
Email Address		
Relationship to Student		

SECTION 2: STUDENT INFORMATION

Last Name	First Name	Middle Name
Preferred Name	Date of Birth	Sex
Home Address		
City	State	Zip Code
(Area Code) Home Phone	Ethnicity African American Asian Caucasian Other	
Does the student currently attend daycare or other school in Arkansas? Yes No	If yes, list the name of the daycare or school your child attends	

SECTION 3: STUDENT BEHAVIOR

Has the student ever been suspended, expelled, or asked to be withdrawn or placed on a behavioral plan through an academic/daycare setting? Yes No
If yes, please explain
Does the student have a medical history of drug/alcohol exposure and/or traumatic birth? Yes No
If yes, please explain
Does the student have any physical or emotional conditions which might require special consideration? Yes No
If yes, please explain

Has the student ever been known to do harm to self or others?	Yes	No
If yes, please explain		
Does the student currently reside or recently have resided in an unstable home environment?	Yes	No
If yes, please explain		

SECTION 4: STUDENT LEARNING DIFFERENCES

Has the student ever been enrolled in a school or classroom for special needs?	Yes	No
If yes, what type of classroom setting was it? (Self-contained, resource, inclusion, etc.)		
Is the student currently under an IEP or considered under Section 504 at his/her current school?	Yes	No
If yes, list the qualifying disability for which the student is served		
Name of school in which the student is receiving an IEP or is considered under Section 504?		
Has the student ever repeated a grade?	Yes	No
If yes, explain		
Has the student ever been diagnosed as having any learning disorders or disabilities?	Yes	No
If yes, explain		
Has the student ever been tested psychologically for any social, emotional, or coping difficulties?	Yes	No
If yes, explain		
Has the student ever received a psycho-educational assessment?	Yes	No
If yes, please state the date of evaluation and the name of the examiner and facility		
Is the student currently receiving any classroom or work modifications at school?	Yes	No
If yes, explain what type of modification(s) are being provided		

Has the student ever received therapy or academic tutoring outside of school? (such as speech/language, occupational, physical, math tutoring, etc.)	Yes	No
If yes, explain what type(s)		

SECTION 5: PERSPECTIVES

List the students strengths		
List the students weaknesses		
List any special interests of the student		
List any of the students stressors or anxieties if any		
Does the student cope well with new situations and people?	Yes	No
If no, explain		

SECTION 6: ADDITIONAL INFORMATION

Do you or the student have any concerns about attending ACA?	Yes	No
If yes, please list here		
Please list three or more factors/reasons that have most influenced your decision to apply for admission to ACA?		

SECTION 7: FAMILY INFORMATION

Student lives with (Check all that apply)
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other

Student's parent(s) are Married Separated Divorced Deceased		
If divorced, which spouse holds legal responsibility for school decisions*?		
<i>*You must submit notarized copies of all court documents signed by a judge regarding custody and educational decisions along with this application.</i>		
Student sibling name	Age	School attending
Student sibling name	Age	School attending
Student sibling name	Age	School attending
Student sibling name	Age	School attending
Describe your concept of education and why it is important to you and your family.		
Grandparent Name	Mailing Address	
Email Address		(Area Code) Phone Number
Grandparent Name	Mailing Address	
Email Address		(Area Code) Phone Number

SECTION 8: MEDICAL INFORMATION

Does the student have any special medical considerations? (such as vision loss, ambulation difficulties, tube fed, severe allergies, tics, etc.) Yes No
If yes, list here
Will the student need to take any daily prescription medication that may affect his/her performance in the classroom? Yes No
If yes, explain
Does the student have a life-threatening allergy? Yes No
If yes, explain
Does the student have any unusual factors in his/her life which might require special consideration but has not yet been asked? (such as absentee parent, in-laws/grandparents living in home, unusual accidents or serious illness in the home, etc.) Yes No
If yes, explain

Students' PCP Name and Address		(Area Code) Phone Number
Medical Insurance Carrier	Group Number	Hospital preference

SECTION 9: EMERGENCY CONTACT INFORMATION

Please specify one or more friends or relatives who may be contacted if the child is ill and parent/legal guardian(s) are unable to be reached.

Full Name	(Area Code) Phone Number	Relationship to student
Full Name	(Area Code) Phone Number	Relationship to student

SECTION 11: FINANCES AND CONTRACTS

Is your student currently under a school contract elsewhere in which you would be unable to be released due to any financial or contractual obligations? Yes No

If yes, please write down the earliest date that the student is available to begin school at ACA. _____

I understand ACA's therapy fees, if applicable, and my financial obligations for them. Yes No

SECTION 12: COMMITTEES

Are you interested in any of the following committees? Check all that apply.

- | | | | |
|----------|-------------------|-----------------------|-------------|
| Calendar | Run, Young & Free | Outdoor Learning | High School |
| Sports | Fundraising | Community Connections | |

SECTION 13: ADDITIONAL INFORMATION AND ACKNOWLEDGMENTS

Your signature at the end of this document attests to your agreement with and understanding of all of the following information:

- As the parent(s) or legal guardian(s) of the student applying for enrollment at ACA, I/We state that we have understood:
 - ✓ The process of enrollment includes the full completion and submission of this application.
 - ✓ A minimum criterion is required for students wanting to enroll at ACA.
 - ✓ A day on which the student is observed and assessed is possible to determine the best academic setting for the student, and that this observation and assessment does not guarantee the student's placement at ACA.
 - ✓ A parent(s) or legal guardian(s) meeting is required to discuss findings from the observation and assessment, possible test scores, (such as therapeutic, academic, IQ, etc. if applicable), the students ability to adhere to the minimal enrollment requirements, and potential academic and/or alternative academic placement.

As the parent(s) or legal guardian(s), I/We also pledge to work with the staff, administration, and faculty to assist and encourage the student to be successful in any therapeutic, home, and academic programming. I/We further understand and acknowledge that continued enrollment of the student if admitted to ACA, is subject to the payment of all tuition and fees to be paid according to the tuition and fees schedule.

2. The application fee is nonrefundable.
3. ACA may correspond with the students previous school, medical and/or therapy provider for the purposes of obtaining pertinent medical/therapeutic/academic testing/procedures, etc. that are beneficial to the success and placement of the student in ACA. The contents of the correspondence and contact with these professionals shall remain confidential and will not be released to the parent(s) or legal guardian(s).
4. Full disclosure of any behavioral, neurological, and physical history affecting school performance, if not addressed in this application, shall be specifically expressed in writing by parent(s) or legal guardian(s) and attached to this application. It is required in order for ACA to make the appropriate decision(s) about how we can best serve the student.
5. I/We have received, read, and understood all admissions policies and procedures listed in this application.
6. I/We give permission for the student to take part in all school activities, transportation to activities off campus, field trips, and/or community outings either individually or in a group setting.
7. I/We also agree that discipline is necessary for the welfare of the student and the group and give permission for the student's teacher/therapist/staff member of ACA to make and enforce classroom regulations and behavior programs in a manner consistent as is needed for the student's particular needs to maintain the safety of all.
8. Due to the safety of the student and others, if the student becomes a threat to him/herself or others, and is deemed unsafe to be transported with other students, or in the case of a student becoming ill on an outing, the parent(s) or legal guardian(s) may be required to pick up the off campus location.
9. I/We agree to read and follow the guidelines and policies found within the student handbook.
10. Non-prescription medication (such as Tylenol or Advil) and routine non-surgical medical care may be given to the student, unless an allergy to such medication has been noted in this application. If deemed necessary, staff may take the student to a doctor or to the hospital. I/We authorize medical treatment including, but not limited to emergency surgery or medial treatment, and assume the responsibility for all medical bills. I/We understand that in an emergency, the judgment of the school authorities will prevail.
11. Both parents/legal guardians will receive student correspondence unless ACA is given court orders that state otherwise.
12. Any changes to the students information, such as contact information, custodial arrangements, medical insurance, medication changes, etc. is the responsibility of the parent(s) or legal guardian(s) to notify the office and/or to correspond such information to the students classroom teacher via email or phone.
13. ACA admits students of any race, color, national or ethnic origin to all the rights, privileges, programs, and activities generally accorded to or made available to students at the school. ACA does not discriminate on the basis of any of these differences as well as the administration of its education, admission policies, tuition assistance, athletic and other school-administered programs.

SECTION 14: ACA AND FAMILY PARTNERSHIP AGREEMENT

Collaboration between parents and our education team is essential to creating a partnership that allows the student to successfully access the principles and values of ACA. This allows both the school and your family to recommit to our responsibilities in partnership. We are honored to work alongside your family in your child's education! We are excited for the coming school year and blessed to have your child with us.

ACA will:

- ✓ Provide a safe and positive learning environment

- ✓ Provide quality education and access to therapeutic intervention, if necessary.
- ✓ Maintain regular and ongoing communication with parent(s) or legal guardian(s).
- ✓ Provide parent/legal guardian – teacher conferences as deemed necessary.
- ✓ Maintain the quality of the program by providing professional development for our teachers.
- ✓ Resolve student conflicts and difficulties alongside families.
- ✓ Provide opportunities for parent education and involvement (volunteer opportunities).
- ✓ Provide a faith-based environment that will include prayer, scripture memorization, and incorporate biblical principles in our daily academic life.

You will:

- ✓ Understand that this is an academy of choice and agree to support the school and teachers in their endeavor to educate.
- ✓ Assume primary responsibility for the values, attitudes, and behavior of their children, and support the school's discipline and integrity policies.
- ✓ Support the curriculum by actively striving to assist students at home.
- ✓ Attend all parent/legal guardian – teacher conferences as scheduled by the teacher.
- ✓ Have the student attend the school regularly, arrive on time and pick them up promptly at dismissal time.
- ✓ Meet with ACA administration in the event that the family or school believes any of these partnership agreements are not being met within one (1) week.
- ✓ Communicate with educators regularly with any questions or concerns regarding the student's academics or well-being.
- ✓ Encourage and model respectful attitudes and speech when speaking with educators and the student's peers.

SECTION 15: SCHOOL CHOICE OPTION

Please choose which school choice option you have chosen for the student so that we can provide you with any additional paperwork pertaining to your choice.

School district

Homeschool

SECTION 16: SIGNATURES

Parent/Legal Guardian Signature

Relationship to Student

Date

Parent/Legal Guardian Signature

Relationship to Student

Date

Parent/Legal Guardian Signature

Relationship to Student

Date

Parent/Legal Guardian Signature

Relationship to Student

Date

