



aurora
CHRISTIAN SCHOOLS

6th-12th Grade

APPLICATION *for*
ADMISSION

2255 Sullivan Road
Aurora, Illinois 60506

p. 630.892.1551

f. 630.892.1692

www.aurorachristian.org



CHECKLIST *for* APPLICATION PROCESS

for Kindergarten-5th Grade

- SUBMIT APPLICATION
 - Completed application
 - Application fee of \$100/student
 - Grade Reports/Unofficial Transcripts
 - Standardized Test Results (if applicable)
 - Special needs documentation (if applicable)
- INTERVIEW
- TEST (if applicable)

for 6th-12th Grade

- SUBMIT APPLICATION
 - Completed application
 - Application fee of \$100/student
 - Character Reference Form
 - Grade Reports/Unofficial Transcripts
 - Standardized Test Results (if applicable)
 - Special needs documentation (if applicable)
- INTERVIEW
- SHADOW
- TEST (if applicable)

After all steps are complete, final acceptance will be determined and results will be shared with the family. Students may be required to interview with an additional review panel to determine acceptance to Aurora Christian.

APPLICATION for ADMISSION

(please include \$100 non-refundable application fee made payable to Aurora Christian Schools)



APPLICATION DATE _____

START DATE (Circle one) Semester 1 Semester 2 Immediately

APPLYING FOR GRADE (Circle one)

1/2-Day K K 1 2 3 4 5 6 7 8 9 10 11 12

STUDENT INFORMATION (Please print or type clearly)

last (family) name	first (given) name	middle name	jr.,etc.
preferred name, if not first name	birth date (month/day/year)	gender: <input type="checkbox"/> male <input type="checkbox"/> female	
home address		ethnicity: <input type="checkbox"/> african-american <input type="checkbox"/> american indian/alaska native <input type="checkbox"/> asian/pacific islander <input type="checkbox"/> caucasian <input type="checkbox"/> hispanic/latino <input type="checkbox"/> multi-ethnic	
city/state	ZIP/postal code		
public school (where student would attend)		district #	
last school attended		district #	
student's home phone	student's cell phone	student's email address	
home church (church name, city, pastor)			

FATHER/GUARDIAN INFORMATION

father's name (first & last) _____

address _____

city/state/ZIP _____

email _____

cell phone _____

work phone _____

father's employer/position _____

MOTHER/GUARDIAN INFORMATION

mother's name (first & last) _____

address _____

city/state/ZIP _____

email _____

cell phone _____

work phone _____

mother's employer/position _____

EMERGENCY CONTACT INFORMATION

emergency contact _____ relationship _____

cell phone _____ home phone _____ work phone _____

SIBLINGS CURRENTLY ATTENDING ACS

APPLICATION for ADMISSION

Parent/Guardian Questionnaire



Why do you, as parents, wish to enroll your student in a Christian School?

Has the applicant ever attended a school or program designed for students who have academic or other needs (such as programs for the gifted, special needs, etc.)? YES / NO
If yes, please explain:

Has the applicant ever been retained in any grade? YES / NO Grade: _____
If yes, please explain:

Has the applicant ever been suspended, expelled or withdrawn from any school school for any reason or is your student currently under any type of suspension? YES / NO
If yes, please attach full details, including name of school, year, and contact person for further details.

Has the applicant ever had difficulty with civil authorities? YES / NO
If yes, please explain:

Has the applicant undergone educational evaluation or received professional, psychological, or personal counseling? YES / NO
If yes, please explain:

Please indicate any ongoing medical conditions and describe their usual treatment. This may include special diets, prescriptions or limitations on normal activities.

APPLICATION for ADMISSION

Parent/Guardian Questionnaire

Does your son/daughter take medication on a regular basis? If yes, please specify medicine and dosage.

Is your child under the supervision of the Department of Children & Family Services? YES / NO

If yes, please explain:

Please share any additional information about your child and/or family that you would like submitted to the Admissions Office.

How did you hear about Aurora Christian Schools?

website

church

friends

family

advertisements

event at ACS

online search

media/news outlet

other _____

STATEMENT OF NONDISCRIMINATION

Aurora Christian School admits students of any race, color, nationality, and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to ACS students. We do not discriminate on the basis of sex, race, color, national or ethnic origin in the administration of our educational policies, admissions procedures, scholarship awards, athletic, and other school administered programs. We do, however, reserve the right to deny admission to any individual who cannot benefit from enrollment based on past academic achievement, disqualifying handicap, or whose personal lifestyle is not in harmony with the stated philosophy and purpose of Aurora Christian School.

PARENT STATEMENT OF COOPERATION

We understand that enrollment in Aurora Christian School is not a right, but a privilege, and do affirm that there are standards that must be maintained for the welfare of each student as well as for the entire school. Therefore, if this application is accepted, we hereby give permission for our student's teachers and/or other agents of the school to make and enforce classroom regulations in a matter consistent with Christian principles of discipline as set forth in Scripture. We will continue to uphold the authority of the teachers and staff of Aurora Christian School by recognizing their right to use the disciplinary measures they deem necessary. We will acquaint ourselves with the grounds for dismissal under both academic and disciplinary circumstances outlined in the Parent/Student Handbook, and we will cooperate fully in this regard.

If I withdraw my child, or if my child is expelled, I will forfeit all fees and monies paid.

I have read and understood this application, and I further certify that the information and attached documents are complete and accurate to the best of my knowledge. I agree to communicate in writing any changes contained herein even if said changes occur after enrollment. I understand that upon discovery of substantial inaccuracy or omission of information requested therein, the school reserves the right to reconsider the admission of this applicant.

Signature of Parent/Guardian _____

Date _____

APPLICATION for ADMISSION

Student Questionnaire (to be completed by STUDENT in grades 6-12)



In your own words, explain what you understand the term “Christian” to mean:

Do you consider yourself to be a Christian? YES / NO

The mission of Aurora Christian School is “To work with families in bringing their children to a personal relationship with Jesus Christ, educating them from a Christian worldview, and preparing them for a life of service to Christ and their world.” What does this mission statement mean to you? What are the benefits of being in this type of school environment? *(you may complete this answer on a separate paper and attach it to the application if necessary)*

How did you hear about Aurora Christian School?

Is it your desire to attend Aurora Christian School? YES / NO
Please explain:

APPLICATION for ADMISSION

Student Questionnaire

Interests (check all that apply):

<input type="checkbox"/> art	<input type="checkbox"/> cheerleading	<input type="checkbox"/> drama	<input type="checkbox"/> softball
<input type="checkbox"/> band	<input type="checkbox"/> chess club	<input type="checkbox"/> football	<input type="checkbox"/> track
<input type="checkbox"/> baseball	<input type="checkbox"/> choir	<input type="checkbox"/> golf	<input type="checkbox"/> volleyball
<input type="checkbox"/> basketball	<input type="checkbox"/> cross country	<input type="checkbox"/> poms	<input type="checkbox"/> worship band

Please list other interests/hobbies not listed above.

Have you ever attended an Aurora Christian School or House of Speed camp? If so, please indicate dates and camp.

Have you ever been approached or encouraged by an Aurora Christian School coach to attend Aurora Christian School? If so, please give details below.

Have you or do you now use tobacco products, drink alcoholic beverages, or use a controlled substance (drugs) of any kind? YES / NO
If yes, please explain:

STUDENT STANDARDS OF CONDUCT

Students of Aurora Christian School have a reputation of excellence to those in the community. Therefore, as a condition of enrollment, students agree to abide by all the standards set forth in the Parent/Student Handbook. A student's signature on this form binds them to these standards from the point of initial enrollment until graduation or official withdrawal. This includes all summer vacations, holidays, and school breaks.

ZERO-TOLERANCE POLICY

Any gang affiliations will result in immediate expulsion. Possession, use, sale, or distribution of alcohol or drugs on or off school grounds will result in immediate expulsion. Possession or use of explosives, firearms, or any weapons at school will result in immediate expulsion.

TOBACCO PRODUCTS POLICY

The first offense of possession, use, sale, or distribution of tobacco products on or off school property will result in a two (2) week suspension. The second offense will result in expulsion from school.

I hereby certify that the facts in this application are true and complete to the best of my knowledge. I have read, understand, and will abide by the above policies (Zero-Tolerance and Tobacco Products policies) as set forth by the Board of Directors of Aurora Christian School. I understand that my signature on this form binds me to these standards from the point of initial enrollment until graduation or official withdrawal. This includes summer vacations, holidays, and school breaks.

Print Student name _____

Student signature _____ Date _____

Please submit this application to:
Aurora Christian Schools Attn: Admissions Office
2255 Sullivan Road Aurora, Illinois 60506
p. 630.892.1551 **f.** 630.892.1692
www.aurorachristian.org

CONFIDENTIAL CHARACTER REFERENCE FORM

6TH-12TH GRADE



TO BE FILLED OUT BY APPLICANT

Please deliver this form to a pastor, counselor, teacher or other evaluator. The evaluator will mail these forms directly to the Admissions Office. By submitting this evaluation form and in consideration of having this evaluation and your application considered by Aurora Christian Schools, you hereby release said member, its employees and representatives, the evaluator and the evaluator's employer from any and all claims and liability that may arise from the providing, obtaining or using the form and the substance of the information provided by the evaluator. All information provided on the attached evaluation form will be held in the strictest confidence and will not be shared with students, parents or guardians. This evaluation form will remain confidential.

Applicant's Name _____
last (family) name first (given) name middle name jr.,etc.

Applying for Grade _____ Age level _____ Male Female

Applicant's current school _____

Address of current school _____

Telephone _____

Applicant's signature: _____ Date: _____

TO BE FILLED OUT BY EVALUATOR

Information will be kept confidential. Please be as thorough as possible.

Name: _____

Position: _____ School/Church/Organization: _____

Email: _____ Phone: _____

How long have you known the applicant? In what role?

What is the greatest strength of this applicant?

What is this applicant's greatest weakness?

What factors in the applicant's home life would help or hinder his/her success at Aurora Christian?

CONFIDENTIAL CHARACTER REFERENCE FORM

6TH-12TH GRADE

What is the applicant's attitude toward authority and rules?

Do you have any additional information that would help us to meet the needs of this student?

From what you know, would you recommend this student for Aurora Christian?

Below, please evaluate the applicant in the following categories, in relation to other students you have worked with.

	POOR		AVERAGE		EXCELLENT
Academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual fervor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (please feel free to attach additional materials if needed)

Evaluator's Signature

Date

Please submit evaluation form to:
 Aurora Christian Schools Attn: Admissions Office
 2255 Sullivan Road Aurora, Illinois 60506
 p. 630.892.1551 f. 630.892.1692
www.aurorachristian.org



2255 Sullivan Road Aurora, Illinois 60506

p. 630.892.1551 **f.** 630.892.1692

www.aurorachristian.org