



aurora
CHRISTIAN SCHOOLS



APPLICATION for
ADMISSION

PRESCHOOL & ELEMENTARY CAMPUS

801 W. Illinois Avenue
Aurora, Illinois 60506

p. 630.892.5585

f. 630.892.9717

MIDDLE & HIGH SCHOOL CAMPUS

2255 Sullivan Road
Aurora, Illinois 60506

p. 630.892.1551

f. 630.892.1692

www.aurorachristian.org



APPLICATION for ADMISSION

APPLICATION DATE _____

START DATE (*Circle one*) Semester 1 Semester 2 Immediately

APPLYING FOR GRADE (*Circle one*)

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.

gender: male
 female

preferred name, if not first name birth date (month/day/year)

ethnicity: african-american
 american indian/alaska native
 asian/pacific islander
 caucasian
 hispanic/latino
 multi-ethnic

home address

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

SIBLINGS ALSO APPLYING

name

grade level

SIBLINGS CURRENTLY ATTENDING ACS

To be completed by PARENT/GUARDIAN

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

Has your student ever been tested for learning difficulties, received an IEP or 504, or needed any special academic, physical, or behavioral accommodations? YES / NO

If yes, please explain:

Has your student ever been retained in any grade? YES / NO

Grade:_____

If yes, please explain:

Has your student ever been suspended or expelled from school or is your student currently under any type of suspension? YES / NO

If yes, please explain:

Has your student ever had difficulty with civil authorities? YES / NO

If yes, please explain:

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

If yes, please explain:

I hereby certify that the facts in this application are true and complete to the best of my knowledge.

Parent signature:_____

Date:_____

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.

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.

To be completed by STUDENT (If 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

How did you hear about Aurora Christian School?

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

Please explain:

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:

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

I hereby certify that the facts in this application are true and complete to the best of my knowledge.

Student signature: _____

Date: _____