

Applewood Christian School



25396 Highway O, Sedalia, MO 65301, Phone: 660-827-4700, www.applewoodchristianschool.org
acsmustangs@applewoodweb.net

STUDENT ENROLLMENT APPLICATION

Please include the \$25.00 application fee when you return the application.

The following information must be completed and submitted by a parent or guardian.

Date of application _____

Student Name _____

(Last)

(First)

(M.I.)

Applying for grade _____ Date of Birth _____

Age _____ Sex _____

Street Address _____

City _____ State _____ Zip _____

Father's Name _____ Cell Phone # _____

Employer _____ Work Phone # _____

Mother's Name _____ Cell Phone # _____

Employer _____ Work Phone # _____

Home Phone # _____

Father's address (if different from student) _____

City _____ State _____ Zip _____

Mother's address (if different from student) _____

City _____ State _____ Zip _____

Legal Guardian's address (if different from student) _____

City _____ State _____ Zip _____

Parent or Guardian's E-Mail Address _____

Church Attendance:

Family Attends Church at: _____

Church address _____

Name of Pastor _____ Phone _____

Father attends () Weekly () Regularly () Occasionally () Seldom/None

Born again? Yes _____ No _____

Mother attends () Weekly () Regularly () Occasionally () Seldom/None

Born again? Yes _____ No _____

Student attends () Weekly () Regularly () Occasionally () Seldom/None

Does your child understand the plan of salvation? Yes _____ No _____ Born again? _____

Other children living at home:

(Name) (Age) (Grade)(School) (Applying at ACS?)

Applewood Christian School does not discriminate on the basis of race, color, national or ethnic origin.

From whom did you hear about ACS? _____

State briefly your reason for wanting your child to come to ACS: _____

List your child's area(s) of interest? _____

Has your child ever:

Repeated or failed a grade? () yes () no

Been given extra tutoring? () yes () no

Been evaluated for admission to Special Education? () yes () no

Been assigned to a Special Education program? () yes () no

Please Specify _____

Require more than normal disciplinary action? () yes () no

Been absent from school for long periods of time? () yes () no

Had any problems or involvement with drugs, alcohol,
or cigarettes? () yes () no

Had any physical, emotional, or other problems
that may effect his/her attendance or ability to
succeed in school? () yes () no

If "yes" to any of the above questions, please explain: _____

REFERENCES:

Please give the Pastoral Referral Form to your pastor and ask him to fill it out and send it directly to the school as soon as possible. Personal interviews will not be held until the Pastor's response is received by the school. If the student is 13 years of age he/she will have to give their personal testimony.

I/We understand that this application will be reviewed and that my/our child and I/we will be interviewed before admission is approved or disapproved.

_____ Date _____
Father's Signature

_____ Date _____
Mother's Signature

_____ Date _____
Student's Signature if in grades 7-12

Name and address of former school (if applicable)

Street address: _____

City: _____ State: _____ Zip Code: _____

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PASTORAL REFERRAL FORM

The pastor of the applicant's attending church is required to complete and mail this form to the above address.

Applicant: _____ Present Grade: _____ Date: _____
(if applicable)

The above named applicant has applied to Applewood Christian School. In order to make an informed decision regarding this applicant, we need your input. We would appreciate the following information about this applicant and his/her family. The information will be kept in strict confidence. The application can not be processed until this referral is received, so your prompt attention would be appreciated.

For Student Applicant; fill out this section:

*Describe the family's church attendance:

	Regularly- (2 weeks a month)	Occasionally-(monthly)
Father:	() Weekly () Regularly	() Occasionally () Seldom/none
Mother:	() Weekly () Regularly	() Occasionally () Seldom/non
Student:	() Weekly () Regularly	() Occasionally () Seldom/none

*Which are members: () Father () Mother () Student

*To the best of your knowledge is the applicant born again/saved? Yes _____ No _____

*Which best describes the applicant's relationship to their parent's?

() Excellent, seldom any problems () Occasional problems
() Many problems () Unknown

*What best describes the applicant's choices?

() Honors God & self, edifies others, lives according to Biblical standards, Identifies with other Christians.
() Reflects & identifies with the world around them, lives by popular trends, makes unwise choices.

*What best describes the applicant's overall Christian testimony (mark all that applies)?

() Strong & Positive () Above average & growing () Growing
() Sometimes questionable () Poor () Unknown

Do you recommend this student be admitted to Applewood Christian School? Yes _____ No _____

Please write a general statement regarding the student's or family's character. _____

For Teacher Applicant; please fill out this section:

***Describe the Teacher's church attendance:**

Regularly- (2 weeks a month) Occasionally-(monthly)
() Weekly () Regularly () Occasionally () Seldom/none

***To the best of your knowledge is the applicant born again/saved?** Yes _____ No _____

***What best describes the applicant's choices?**

() Honors God & self, edifies others, lives according to Biblical standards.
() Reflects the world around them, lives by popular trends, makes unwise choices.

***What best describes the applicant's overall Christian testimony (mark all that applies)?**

() Strong & Positive () Above average & growing () Growing
() Sometimes questionable () Poor () Unknown

Do you recommend this applicant be a teacher at Applewood Christian School? Yes _____ No _____

Please write a general statement regarding the teacher applicant's character. _____

Pastor's signature: _____

Pastor's printed name: _____

Church Name: _____

Church Address: _____

Church Phone #: _____ Best time to call: _____