

# Applewood Christian School



25396 Highway O, Sedalia, MO 65301, Phone: 660-827-4700, [www.applewoodchristianschool.org](http://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.

**Parents and students (13 years or older), please submit your handwritten testimony with this application. You will also be asked to share your testimony during the interview process.**

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?)

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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: \_\_\_\_\_

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List your child's area(s) of interest? \_\_\_\_\_

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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: \_\_\_\_\_

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**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.

\_\_\_\_\_  
Father's Signature Date \_\_\_\_\_

\_\_\_\_\_  
Mother's Signature Date \_\_\_\_\_

\_\_\_\_\_  
Student's Signature if in grades 7-12 Date \_\_\_\_\_

Name and address of former school (if applicable)

\_\_\_\_\_  
Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_



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## PASTORAL REFERRAL FORM / STUDENT

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.*

### \*Describe the family's church attendance:

	Weekly	Regularly- (2 weeks a month)	Occasionally-(monthly)	Seldom/none
Father:	( ) Weekly	( ) Regularly	( ) Occasionally	( ) Seldom/none
Mother:	( ) Weekly	( ) Regularly	( ) Occasionally	( ) Seldom/none
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. \_\_\_\_\_

Pastor's signature: \_\_\_\_\_

Pastor's printed name: \_\_\_\_\_

Church Name: \_\_\_\_\_

Church Address: \_\_\_\_\_

Church Phone #: \_\_\_\_\_ Best time to call: \_\_\_\_\_



# Applewood Christian School



Disciplining Our Future Leaders Since 1987

## Records Request

Date \_\_\_\_\_

Previous School: \_\_\_\_\_  
(name of school)

\_\_\_\_\_  
(street address, city, state, zip)  
Phone# \_\_\_\_\_ Fax # \_\_\_\_\_

Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_

I, \_\_\_\_\_, as parent/legal guardian of the  
above named student, hereby authorize you to release information to: **Applewood  
Christian School, 25396 Hwy O, Sedalia, MO 65301**  
**Email:**acsmustangs@applewoodweb.net, **phone:** 660-827-4700

Please include the following records:

- ACADEMIC TRANSCRIPTS
- GRADES AT TIME OF WITHDRAWAL
- ATTENDANCE RECORDS
- DISCIPLINE RECORDS
- IMMUNIZATIONS
- TEST SCORES
- ACHIEVEMENT/ABILITY SCORES
- I.E.P./DIAGNOSTIC SUMMARY (if applicable)

\_\_\_\_\_  
(Signature of Parent/Legal Guardian)

\_\_\_\_\_  
(Relationship to Student)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Phone number)

\_\_\_\_\_  
(ACS Administration)