



2010 | 2011

Application for Admission



ANNAPOLIS CHRISTIAN ACADEMY



Admissions Criteria

The goal of admissions at Annapolis is to partner with Christian families who understand and support the academy's mission and vision. We look for families who share values and goals similar to those identified in our admissions brochure. We also look for families and students who have abilities, talents, time, and resources to assist the school in fulfilling its mission and vision. We generally admit students of average to above average academic abilities and base selection on internal testing, academic transcripts, personal interviews, references, and standardized test scores. As a rule, PK students must be 4 years old on or before September 1st of the fall they are enrolling; kindergarten students must be 5 years old on or before September 1st of the fall in which they are enrolling; and 1st grade students must be 6 years old on or before September 1st of the fall in which they are enrolling.

What You'll Find in this Application Packet:

- 📎 Student and Family Information Forms
- 📎 Student and Parent Questionnaires
- 📎 Mission and Statement of Faith
- 📎 Registration Contract
- 📎 Tuition Assistance Information

Additional Required Documents (submitted with this application form):

- 📎 Copy of birth certificate
- 📎 Immunization records
- 📎 Academic Records (report cards, transcripts, letter of credits, etc.)
- 📎 Reference Letters

Enrollment Process

- 📎 Tour the campus and meet with the enrollment coordinator
- 📎 Submit enclosed application, supplemental reference forms, and fees
- 📎 Schedule placement testing (if applying for grades 3-12)
- 📎 If desired, complete and submit financial aid application by March 31st
- 📎 Meet with Admissions Committee

Dates and Deadlines

Open Enrollment / Re-Enrollment	February 1
Early Registration Deadline	March 1st
Financial Assistance Deadline	April 15th

I. Parent Information

Father's Name _____ Mother's Name _____

Address _____ Address _____

Occupation _____ Occupation _____

Place of employment _____ Place of employment _____

Church _____ Church _____

Work phone _____ Work phone _____

Cell _____ Cell _____

Email _____ Email _____

If divorced, who has legal custody? _____
please attach all court orders setting forth custody and parental rights

With whom does student live? _____

Stepparent Name _____

To whom should correspondence about this application be sent? _____

II. Sibling Information *(please give names, ages, and school or college, if applicable)*

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

III. Grandparent Information

Maternal Grandparents' Name(s) _____

Home Address _____ City _____ State _____ Zip _____

Fraternal Grandparents' Name(s) _____

Home Address _____ City _____ State _____ Zip _____

If applicant is changing schools, is this: Voluntary Involuntary
If involuntary, please explain on a separate sheet of paper

Parent Questionnaire

1. Would you be willing/able to volunteer in any of the following areas? (check all boxes that apply):

- fine arts fund-raising secretarial sports classroom aide
- building maintenance substitute teaching: grammar secondary both

2. If a conflict arises between you (or your child) and the classroom teacher, an administrator, or the school board, how would you attempt to resolve it? At what point, if any, would you involve other parties than those directly involved (e.g. other parents, students, etc.).

3. Why are you interested in your child attending Annapolis? How did you hear about us?

4. With regard to your personal priorities for your child, which is more important: high achievement or doing one's best? _____ How do you communicate this to your child?

5. If you found that your child was sinking academically, how would you respond?

6. How much time for homework is tolerable in your family (hours per night, which nights?)

7. Should a grade of "C" be a cause for pride and praise if a student is working to the best of his potential? Why or why not?

8. Would you expect a teacher in a class of 23 students to spend 25% of his/her effort on one child with academic, behavioral, or emotional problems, even if that child were yours? _____

INTERESTS, ACTIVITIES, AND TALENTS *This entire questionnaire should be completed in the handwriting of the applicant for grades 6-12.*

Student Name _____
(last) (first) (middle)

1. Please indicate your special interests, activities, and talents *(circle all that apply)*

Drama Athletics Art Music Science Foreign Language

Other _____

2. What special hobbies do you have? _____

3. What books / magazines do you enjoy reading? _____

4. Please list any academic honors and awards you have received: _____

5. Please describe your involvement in church activities and/or other organizations: _____

6. Please list the clubs and community programs in which you have participated: _____

7. In which sports or extracurricular activities do you wish to participate? _____

8. List any personal goals and aspirations you have for your life: _____

Mission Statement:

Annapolis Christian Academy exists to glorify God by creating an educational community committed to the classical and Christian ideals of truth, goodness and beauty, the cultivation of wisdom and virtue, and the integration of faith and learning with all of life.

Statement of Faith:

1. We believe the Bible to be the only inerrant, authoritative Word of God.
2. We believe that there is one God, eternally existent in three Persons: Father, Son, and Holy Spirit. He is omnipotent, omniscient, and omnipresent.
3. We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory.
4. We believe that for the salvation of lost and sinful men, regeneration by the Holy Spirit is absolutely necessary.
5. We believe that salvation is by grace through faith alone.
6. We believe that faith without works is dead.
7. We believe in the present ministry of the Holy Spirit, by Whose indwelling the Christian is enabled to live a godly life.
8. We believe in the resurrection of both the saved and the lost--they that are saved to the resurrection of life and they that are lost to the resurrection of damnation.
9. We believe in the spiritual unity of all believers in our Lord Jesus Christ.

This Statement of Faith is the foundation of beliefs on which Annapolis Christian Academy is based. These beliefs are taught in various ways through all grade levels.

For Applying Parent:

Are you a Christian parent? _____

What does it mean to be a Christian?

What church does your family attend?

I / We have read the Mission Statement and Statement of Faith. I authorize Annapolis Christian Academy to teach our child(ren) according to the above statement of faith. I / We also agree to support Annapolis Christian Academy as prayerfully, physically, and financially as possible and to abide by the policies and decisions of the school board, administration, and teachers.

Signature of Parent(s)

Date

Please read carefully.

ACA prepares its annual operating budget based on the number of students registered to attend classes. Our commitments to pay salaries and other financial obligations continue even when students withdraw during the school year. ACA recognizes the fact that situations occur and students do withdraw from time to time.

1. All parents at time of registration agree to the withdrawal terms as below.

I understand the financial responsibility involved, and agree to pay my financial obligations to Annapolis Christian Academy based upon the payment option I have selected.

I understand that I am fully responsible to pay the entire academic year of tuition even if I withdraw my child from Annapolis Christian Academy for any reason except a move outside of the school area, death or serious illness.

2. Registration Fees are non-refundable.

3. You must be current on your tuition for your child to attend classes.

4. No student records are released with open tuition balances.

5. ACA respectfully requests you participate in an exit interview in the event you withdraw your child.

6. Tuition dollars alone do not cover the entire cost of an Annapolis education. In signing this Parent Covenant, you also acknowledge that throughout the year the school will request sacrificial financial contributions, above and beyond tuition, towards efforts to advance the mission and vision of Annapolis. These efforts will include such programs as the Warrior Fund to raise money for tuition assistance and the enhancement of school programs. Also included will be capital campaigns to raise money for campus improvement and expansion.

We / I would contribute to The Warrior Fund when asked: Yes No

We / I would contribute to the capital campaign when asked: Yes No

I / We have read, understand and agree to the above policies:

Signature of Parent _____ Date _____

_____ Date _____

ACA Policy of Non-Discrimination

ACA does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational, admission, financial aid or employment policies, or any other programs administered by the school.

Prior to each school year, the Annapolis Christian Academy board of directors designates a set amount of the school's annual operating budget to providing tuition assistance. Financial aid is available to all students entering grades K-12. However, full scholarships are not available.

To assist with the administration of its tuition assistance program, Annapolis partners with an independent third party company that furnishes the school with a confidential and objective financial needs assessment and scholarship recommendation based on the family's ability to pay. Separate applications for tuition assistance are available in the business office.

All tuition assistance applications must be filled out and submitted by **April 15** with final recommendation from the financial aid service to be received by Annapolis in May. Most financial aid notifications will be sent by mid to late May. No further applications for tuition assistance will be accepted for the upcoming school year should the tuition assistance fund be entirely dispersed. Annapolis requires that a student first be enrolled in the school before a family can apply for tuition assistance.

No employee or officer of the tuition assistance service involved in the evaluation process may be related to any applicant.

All tuition assistance will be in the form of credit towards tuition. If any financial information is found to be falsified, the applicant will be disqualified from the process. Should falsified information be discovered once the school year commences, the student will be divested of his or her financial aid and be immediately required to reimburse the school for the difference in the tuition and the financial aid amount. Should thirty days come to pass without the balance being paid, the student will face immediate expulsion.

I / We the undersigned parent(s) request consideration for tuition assistance at Annapolis Christian Academy.

Father's Signature _____ Date ____/____/____

Mother's Signature _____ Date ____/____/____

I. Directory Publication Permission

Each year, Annapolis publishes a directory with parent and student contact information. This directory will only be given to parents at Annapolis for the purpose of contacting each other. We respect the privacy of all families and will not publish any information without your consent.

Yes, you may publish our address and phone number in the ACA Directory _____

No, do not publish our address and phone number in the ACA Directory _____

II. Model Release

Each year, Annapolis photographs and films events, students, parents, and teachers for purposes of documentation and marketing through its website, television and print materials. We respect the privacy of all families and will not publish any images without your consent.

I do hereby give Annapolis Christian Academy, his or her assigns, licensees, successors in interest, legal representatives, and heirs the irrevocable right to use my and my dependents name (or any fictional name), picture, portrait, or photograph in all forms and media and in all manners, including composite or distorted representations, for advertising, trade, or any other lawful purposes, and I waive any right to inspect or approve the finished version(s), including written copy that may be created and appear in connection therewith.

Parent Signature _____ Date _____

III. Medication Permission *(No medication will be given without a parent's signature)*

Student's full name _____
(last) (first) (middle)

Do not administer non-prescription medications to my child _____
 You may administer non-prescription medications indicated below to my child _____

Tylenol _____ Advil _____ Cough syrup _____ Allergy medication _____ Other _____

Parent signature: _____ Date: _____

Prescription Medications

Please make every effort to administer these medications at home. We realize, however, that there are times when it is necessary to administer mid-day. At these times the office staff will administer the medication. You fill out a prescription medication slip from the office for each prescription and medication must be in its original container with the child's name clearly written and the following information clearly printed:

- Physician name and phone number
- Prescription number
- Dosage amount and times
- Date

Student Emergency Form

To the parent or guardian: *To serve your child in case of accident or sudden illness, it is necessary that you furnish the following information for emergency calls.*

Student's full name _____
(last) (first) (middle)

Father: _____ Business Phone # _____ Cell _____

Mother: _____ Business Phone # _____ Cell _____

List two responsible parties who will assume temporary care for your child if you cannot be reached.

Name: _____ Relationship _____ Phone # _____

Name: _____ Relationship _____ Phone # _____

Health Information: List any health conditions such as heart disease, diabetes, epilepsy, severe allergies, eye or ear problems or any chronic conditions. _____

Does student need any special medication? _____ If yes, please fill out medication form.

Any allergies to medications? _____ If yes, please list: _____

Please explain any emergency procedures required for any of the above conditions or any other not mentioned which pertain to your child _____

Doctor: _____ Phone# _____

Release of Liability

I, the undersigned, do hereby authorize officials of Annapolis Christian Academy to contact directly the persons named on this sheet and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event that physicians, other persons named on this sheet or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child. I will not hold the school financially responsible for the emergency care and/or transportation of said child.

Signature of Parent or Guardian: _____ Date: _____

1. All students attending Annapolis Christian Academy must have a current **immunization record and a copy of their birth certificate** on file with the school office before entering school in the Fall. Standard immunization record forms may be obtained from the family doctor and a copy given to the school office. Please turn in immunization records and birth certificates to the office promptly.
2. **We strongly discourage students from taking non-prescription medications unless absolutely necessary.**
3. Before the school will issue any medication to a student, we must receive parental permission.
4. For **prescription medication**, a signed medication permission slip must be submitted for each prescription. The permission slip will be kept in the school office and administered by office staff and also logged when given.
5. Students who are running a **fever** or who have been **vomiting** or have **diarrhea** are **not to come to school** until they have been symptom free for 24 hours.
6. **Parents are notified** for any complaint of illness that a child may have and may be asked to pick the child up from school if deemed necessary.

PERSONAL HEALTH HISTORY FOR:: _____ **GRADE:** _____
(student name)

1. Please state here any and all specific health conditions that the student might have.

2. Does the student need special medication? _____ Please list: _____

3. Is the student allergic to anything (bee stings, foods)? If so, please state emergency procedures that should be taken should the student be exposed to the allergen.

4. Has the student ever been diagnosed with ADD or any other learning disability? _____

5. If yes, is the student currently on medication for this condition? _____
 6. Please list medication: _____

6. Is the student or has the student been under psychiatric treatment? If so, please explain.

7. Is the student handicapped in any way that might interfere with his regular school work or his participation in our athletic programs?

Student Release Form

Each teacher will have a copy of this release and the original will be kept in the students' files.

STUDENT'S NAME: _____ GRADE: _____

The following individuals are authorized to pick up the above listed students from Annapolis Christian Academy's campus.

PARENT SIGNATURE: _____ DATE: _____

Please include both parents' names on this list if both are authorized to pick up students, as well as any other individuals who might remove the students from school.

FATHER: _____ PHONE# _____ CELL# _____

MOTHER: _____ PHONE# _____ CELL# _____

OTHERS:

_____ PHONE# _____ CELL# _____

_____ PHONE# _____ CELL# _____

_____ PHONE# _____ CELL# _____

_____ PHONE# _____ CELL# _____

School:	Annapolis Christian Academy was founded in September of 1995 as an interdenominational, PreK- 12 th grade Classical Christian school that integrates a biblical worldview with a college-preparatory liberal arts and sciences curriculum.														
Accreditation:	Annapolis is accredited by the Association of Classical Christian Schools (ACCS) and the Texas Private School Accreditation Commission and is a member of the Association of Christian Schools International (ACSI) and The Educational Records Bureau (ERB).														
Student Body:	In 2009 – 2010, 236 students were enrolled PreK – 12 th grade. Students generally come from Nueces County and represent diverse socioeconomic, racial / ethnic, and denominational backgrounds.														
Faculty / Staff:	Annapolis teaching faculty are required to possess a minimum of a Bachelor of Arts or Science degree from an accredited university, a strong biblical worldview, and membership in good standing in a local Christian church. Annapolis employs 24 full time teachers, 5 part time teachers, 8 coaches, 5 administrative staff, and 5 support / secretarial staff.														
School Hours:	<table> <tr> <td>Kinder</td> <td>8:30am – 12:30pm (Half Day)</td> </tr> <tr> <td></td> <td>Monday – Friday</td> </tr> <tr> <td></td> <td>8:30am – 3:30pm (Full Day)</td> </tr> <tr> <td>1st – 6th</td> <td>8:30am – 3:30pm</td> </tr> <tr> <td></td> <td>Monday – Friday</td> </tr> <tr> <td>7th – 12th</td> <td>8:30am – 4:00pm</td> </tr> <tr> <td></td> <td>Monday – Friday</td> </tr> </table>	Kinder	8:30am – 12:30pm (Half Day)		Monday – Friday		8:30am – 3:30pm (Full Day)	1 st – 6 th	8:30am – 3:30pm		Monday – Friday	7 th – 12 th	8:30am – 4:00pm		Monday – Friday
Kinder	8:30am – 12:30pm (Half Day)														
	Monday – Friday														
	8:30am – 3:30pm (Full Day)														
1 st – 6 th	8:30am – 3:30pm														
	Monday – Friday														
7 th – 12 th	8:30am – 4:00pm														
	Monday – Friday														
Dress:	Lands' End Uniforms														
Curriculum:	Annapolis utilizes a developmentally sensitive liberal arts and sciences curriculum informed by a Christian worldview. Distinctive features of the curriculum include the study of Latin and Greek, English grammar, logic, rhetoric, Bible / theology, classic art, music, and literature, and accelerated math and science.														
Contact Info:	<p>5633 S. Staples St. Corpus Christi, TX 78411 361-991-6004 www.annapolischristianacademy.org Fax: 232-5629 Email: academy@aca-cc.org</p>														
Office Hours:	8:15am – 4:00 PM Monday – Friday														

PASSION FOR LEARNING ✧ PREPARED FOR LIFE



ANNAPOLIS CHRISTIAN ACADEMY

5633 S. Staples | Corpus Christi, TX 78411 | 361-991-6004 | 361-232-5629
fax | academy@aca-cc.org | www.annapolischristianacademy.org