



Dear Prospective Family:

We are pleased that you are interested in enrolling in Atlantic Christian School and are happy to provide application information.

Since 1971, our mission has been to teach students to know, love, and serve God in a nurturing environment of academic excellence. Therefore, all of our curriculum and programs are distinctly Christian and taught from a Biblical perspective. We believe it is important for children and young people to learn to integrate a personal relationship with Jesus Christ into every aspect of life.

Our academic setting covers a full range of traditional subject areas. In addition, we also offer learning opportunities for both advanced and academically challenged students. Each year we conduct standards-based testing. Our dedicated faculty, staff, and administration, our small class sizes, and our "family-like" Christian atmosphere provide a fully comprehensive learning environment.

ACS experienced a real blessing when we moved in January 2004 into our 68,000 square-foot facility located on 37 acres in Egg Harbor Township. This spacious campus provides many avenues to explore God's world through music, art, science, technology, athletics and more.

Enclosed are all the forms necessary for enrollment. We would like to invite you to visit ACS during one of our Open Houses or you may schedule a private tour. If you have any questions regarding the enrollment packet or to schedule a visit to ACS, please feel free to contact the office at 609-653-1199. We look forward to hearing from you.

Serving Him,

Dr. Ron Mansdoerfer

Dr. Ron Mansdoerfer
Chief School Administrator

ATLANTIC CHRISTIAN SCHOOL

New Family Enrollment Checklist

For Office Only

Submit the following for each student enrolling:

- _____ Application for Admittance*
- _____ Student Interest and Intent Form* (grades 6-12)
- _____ Birth Certificate*
- _____ Most Recent Report Card and Standardized Test Scores (grades 1-9)*
- _____ High School Transcript (grades 10-12)*
- _____ Permission to Release Records*
- _____ Copy of IEP (if applicable)*
- _____ Immunization Record*
- _____ Medical Information and Release Form*
- _____ Non-Prescription/Prescription Medication Form
- _____ B6T Transportation Form*
- _____ Enrollment Fee for each student (non-refundable)*

Submit the following for each family enrolling:

- _____ Emergency Contact and Family Update Form*
- _____ Philosophy of Discipline and Code of Conduct*
- _____ Pastor's Letter*
- _____ Financial & Policy Agreement Enrollment Contract*
- _____ Grandparent Information Form*
- _____ Volunteer Questionnaire*

Enrollment Fees are as follows:

\$150.00 until April 30th
\$200.00 beginning May 1st

*All items with the asterisk must be turned in prior to the family interview

ATLANTIC CHRISTIAN SCHOOL

CRITERIA FOR APPLICATION REVIEW AND ADMISSIONS

1. The admittance application, a Pastor's letter affirming a family's church involvement, and all other application materials must be submitted to the school office before a new family interview can be scheduled.
2. Factors which are considered to determine acceptance:
 - a. At least one parent must have a saving knowledge of the Lord Jesus Christ.
 - b. The family (at least one parent and child) must be in regular attendance at a Bible-believing church.
 - c. ACS must have sufficient information on the student to make a decision on acceptance.
 - d. ACS must be able to meet the needs of the student.
 - e. There must be availability within the grade level for which the student would be entering.
 - f. Students are required to demonstrate they are on grade level academically or not more than 1.5 grade levels below the current grade. Current grade will be determined by a standardized test and the most recent report card.
3. Steps Involved with the "ACS New Family Interview"
 - a. Review the application
 - b. Meet with at least one administrator
 - c. Parent will be informed as to the decision on admission in writing or verbally
4. Parents must understand and agree with the ACS Statement of Faith.
5. Parents must commit to support the work of Atlantic Christian School through regular prayer and participation in school activities.
6. Parents must provide ACS all material regarding any special needs, modifications, doctor or specialist recommendations for the classroom, etc.
7. Parents must be willing to financially support the school in addition to the tuition and fees charged for education. This would include involvement in fundraising, annual campaigns, etc.
8. The student must demonstrate a willingness to become a student at ACS.
9. Parents and students must agree to uphold and adhere to the policies and procedures found within the ACS Parent / Student Handbook.
10. A student must reside with at least one parent or legal guardian who is a Bible-believing, born again Christian that believes in the school's philosophy of Christian education and Statement of Faith.

ATLANTIC CHRISTIAN SCHOOL

PHILOSOPHY OF DISCIPLINE AND CODE OF CONDUCT

Philosophy of Discipline

The school's philosophy of discipline seeks to develop a spirit of obedience in each student. This spirit encourages love, respect and concern for both peers and those in authority. The school's discipline code provides for an orderly environment conducive to learning and instills acceptable standards of social behavior. The precepts of the discipline code are based on the Biblical concepts of morality, neatness, orderliness, truthfulness, responsibility, maturity and Christ-likeness (Deuteronomy 6:5-7; Galatians 5:22; 1Thessalonians 4:11-12; James 3:4-10).

All discipline matters will be handled in a loving but firm manner. Parental support and cooperation is expected. In addition, positive praise incentive methods will be used to encourage good behavior. Persistent or major problems will be communicated to the parents, and more severe measures will be taken if necessary (i.e. detention, suspension, expulsion).

Student Code of Conduct

1. Seek to always glorify the Lord Jesus Christ in the things that you do.
"Whether you eat or drink or whatever you do, do it all for the glory of God." (1 Corinthians 10:31)
Respect and obey teachers and staff.
"Everyone must submit himself to the governing authorities, for there is no authority except that which God has established. God has established the authorities that exist. Consequently, he who rebels against the authority is rebelling against what God has instituted, and those who do so will bring judgment on themselves. For rulers hold no terror for those who do right, but for those who do wrong. Do you want to be free from fear of the one in authority? Then do what is right and he will commend you." (Romans 13:1-3)
2. Respect and abide by the school rules contained in the Parent-Student Handbook.
3. Abstain from the use or possession of all alcoholic beverages, tobacco products, and drugs unless prescribed by a physician for medical purposes.
4. Treat other students with respect and apply the "golden rule" in relationships with them.
"And be kind to one another, tender-hearted, forgiving each other, just as God in Christ also has forgiven you." (Ephesians 4:32)
5. Maintain a pure sexual life and avoid inappropriate physical conduct.
7. Guard your language and refrain from using obscene or profane words, lying, gossiping, or speaking unkindly to others.
"Do not let any unwholesome talk come out of your mouths, but only what is helpful for building others up according to their needs, that it may benefit those who listen." (Ephesians 4:29).
8. Dress in accordance with the school's dress code, reflecting the values of modesty and neatness.
9. Help take care of school property. This includes such things as: not littering, not defacing walls or bulletin boards, not writing on desks, etc.
11. Be honest and conscientious in your academic work.

Honor Code

Students enrolled at ACS are representatives of the school and its purpose as well as of the Lord Jesus Christ. As such, all students are expected to exemplify their respect for, and support of, the principles and objectives of ACS at all times. In addition, each student will do his/her utmost to exert a positive influence on the attitudes and behavior of his/her fellow students. Students found to be out of harmony with the ACS principles and objectives may be asked to withdraw whenever the general welfare of the student body demands it.

We have read, understood and agree to abide by the Atlantic Christian School Student Code of Conduct and Honor Code at all times while enrolled at ACS.

Parent Signature

Date

Student Signature, if 6th grade or above

Date

Student Signature, if 6th grade or above

Date

Student Signature, if 6th grade or above

Date

Atlantic Christian School
391 Zion Road, Egg Harbor Township, NJ 08234
Phone: 609-653-1119
www.acseht.org

Dear Pastor,

The mission of Atlantic Christian School is to teach students to know, love and serve God in a nurturing environment of academic excellence. The school works alongside the home and church to provide a foundation built upon Biblical values necessary to live Christ-honoring lives.

Therefore, ACS requires all of our school families to be in regular attendance at a Bible- believing church. We require a Pastor's recommendation letter for **all new families and for all returning families whose children are entering either the 6th or 9th grade.**

Please take a few moments to share with us about this family.

Thank you for taking the time to do this. This information, which will be kept entirely confidential, will help to ensure that Atlantic Christian School can continue to provide an atmosphere and learning environment, which is distinctly Christian.

Please return this form to the attention of Barbara Harmon. If you have any questions, please do not hesitate to contact me.

Serving Him,



Dr. Ron Mansdoerfer
Chief School Administrator

Pastor's Name _____ Name of Family _____

Church Name _____ Telephone # _____

Church Address _____

Does this family attend regularly?

Do they evidence a Christian walk?

Are they involved in any church ministries?

Do you know their children?

How long have you known this family?

Your observations and comments:

Pastor's Signature _____ Date _____

ATLANTIC CHRISTIAN SCHOOL EMERGENCY CONTACT AND FAMILY UPDATE FORM

School Year _____

Mother/Legal Guardian _____ Pick Up: Yes / No
 Address _____ Phone _____ Cell _____
 City _____ State _____ Zip _____
 Employer _____ Work Phone _____
 Church _____ Email _____

Father/Legal Guardian _____ Pick Up: Yes / No
 Address _____ Phone _____ Cell _____
 City _____ State _____ Zip _____
 Employer _____ Work Phone _____
 Church _____ Email _____

Student lives with _____

Parental Information: Please note that copies of any court orders pertaining to custody of your child/children must be submitted to Atlantic Christian School.

Please list below any other person we may contact in case of an emergency and we are unable to reach you. Please also indicate if they have permission to pick up your child from school.

Name / Relationship	Home Phone	Cell Phone	Work Phone	Pick Up
				Yes / No
				Yes / No
				Yes / No
				Yes / No

Phone Tree: Throughout the week important school messages are sent out via our electronic phone messaging system. **If you have a block system in place on your home phone you will not receive these messages. Please indicate which phone number to use as an alternate.**

Alternate phone number _____

Prayer Requests: Atlantic Christian School takes prayer requests from school families, faculty and staff. If you would like to be part of this prayer chain, please indicate below. **The requests go out by email.**

_____ Yes, I would like to receive prayer requests.

_____ No, I would not like to be part of this.

(B6T) APPLICATION FOR PRIVATE SCHOOL TRANSPORTATION

Please submit a separate application for each child to the private school

SCHOOL YEAR _____ RESIDENT DISTRICT BOARD OF EDUCATION _____

STUDENT'S NAME _____ DATE OF BIRTH _____
LAST FIRST MIDDLE MONTH DAY YEAR

PARENT OR GUARDIAN _____ DAYTIME PHONE _____
AREA CODE + NUMBER

HOME ADDRESS _____ CITY or TWP _____ ZIP _____

NEAREST INTERSECTION TO STUDENT'S RESIDENCE _____

MAILING ADDRESS _____ ZIP _____

FULL NAME OF SCHOOL TO BE ATTENDED _____ PHONE _____

ADDRESS OF SCHOOL _____

STUDENT'S GRADE FOR THE COMING YEAR _____ SHORTEST ONE-WAY MILEAGE
BETWEEN HOME AND SCHOOL _____ (MEASURED VIA THE SHORTEST ROUTE
ALONG PUBLIC ROADWAYS OR
WALKWAYS IN MILES AND TENTHS)
MILES TENTHS

DATE SCHOOL OPENS _____ CLOSES _____ SCHOOL HOURS FROM _____ AM TO _____ PM

NAME AND ADDRESS OF LAST SCHOOL OF ATTENDANCE _____

DATE _____ SIGNATURE _____

DO NOT WRITE BELOW THIS LINE * FOR PUBLIC SCHOOL USE ONLY

YOUR APPLICATION HAS BEEN REVIEWED BY THE RESIDENT DISTRICT BOARD OF EDUCATION. THE FOLLOWING DETERMINATION HAS BEEN MADE:

_____ TRANSPORTATION WILL BE PROVIDED _____ YOU ARE ELIGIBLE FOR PAYMENT IN LIEU OF TRANSPORTATION
_____ INELIGIBLE _____ (REASON)

DATE _____ SIGNATURE _____ TITLE _____

INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR PRIVATE SCHOOL TRANSPORTATION (B6T) N.J.A.C. 6A:27-2.5

1. IT IS THE OBLIGATION OF THE PARENT OR GUARDIAN OF PRIVATE SCHOOL STUDENTS TO:

- ANNUALLY OBTAIN THE APPLICATION FOR PRIVATE SCHOOL TRANSPORTATION FROM THE ADMINISTRATIVE OFFICE OF THE PRIVATE SCHOOL FOR EACH STUDENT FOR WHICH TRANSPORTATION SERVICES ARE BEING REQUESTED. SUBMIT A SEPARATE APPLICATION FOR EACH STUDENT.

NOTE:

- IF THERE IS A CHANGE OF HOME ADDRESS, A NEW APPLICATION SHALL BE SUBMITTED TO THE PUBLIC SCHOOL DISTRICT OF RESIDENCE.
- IF THERE IS A CHANGE IN THE NONPUBLIC SCHOOL OF ATTENDANCE, A NEW APPLICATION SHALL BE SUBMITTED TO THE PUBLIC SCHOOL DISTRICT OF RESIDENCE.

- COMPLETE THIS APPLICATION AND RETURN IT TO THE PRIVATE SCHOOL ON OR BEFORE MARCH 10TH PRECEDING THE SCHOOL YEAR IN WHICH TRANSPORTATION IS BEING REQUESTED.

LATE APPLICATIONS – ANY APPLICATION RECEIVED AFTER MARCH 10TH WILL BE A LATE APPLICATION AND MUST BE ACCOMPANIED BY A STATEMENT OF THE REASON FOR LATENESS. ELIGIBLE STUDENTS WILL RECEIVE TRANSPORTATION OR AID IN LIEU OF TRANSPORTATION BASED ON THE DATE THE APPLICATION IS RECEIVED BY THE PUBLIC SCHOOL.

2. IT IS THE OBLIGATION OF THE NONPUBLIC SCHOOL ADMINISTRATOR TO ANNUALLY COLLECT THE APPLICATION AND SUBMIT IT TO THE PUBLIC SCHOOL FROM WHICH TRANSPORTATION IS BEING REQUESTED PRIOR TO MARCH 15TH.

3. IT IS THE OBLIGATION OF THE PUBLIC SCHOOL ADMINISTRATOR TO NOTIFY THE PARENT OR GUARDIAN AS TO THE DETERMINATION OF EACH APPLICATION BY AUGUST 1ST.

A DISTRICT BOARD OF EDUCATION SHALL PAY AID IN LIEU OF TRANSPORTATION TO THE PARENT OR GUARDIAN OF AN ELIGIBLE STUDENT ONLY AFTER RECEIVING A SIGNED "REQUEST FOR PAYMENT OF TRANSPORTATION AID" VOUCHER AS PRESCRIBED BY THE COMMISSIONER OF EDUCATION.

Atlantic Christian School
2010-2011 TUITION RATES

Tuition

*(May be paid annually and semi-annually in the school office
or by monthly payments through electronic fund transfers)*

	Oldest Child	Second Child	Third Child	Additional
<i>Part-time Preschool</i>	\$3,500.00	\$2,800.00	\$2,450.00	\$1,750.00
<i>Preschool</i>	\$5,575.00	\$4,460.00	\$3,902.50	\$2,787.50
<i>Elementary K-5</i>	\$5,100.00	\$4,080.00	\$3,570.00	\$2,550.00
<i>Middle School 6-8</i>	\$5,350.00	\$4,280.00	\$3,745.00	\$2,675.00
<i>High School 9-12</i>	\$5,750.00	\$4,600.00	\$4,025.00	\$2,875.00

Enrollment Fees

(Fees are non-refundable and must be paid with application)

<i>Returning Families Only (until March 15th)</i>	\$75.00 per student
<i>New & Returning Families (Mar 16th- Apr 30th)</i>	\$150.00 per student
<i>New & Returning Families (Beginning May 1st)</i>	\$200.00 per student

Fees

*(Fees are non-refundable and must be paid prior to June 15, 2010
or within 2 weeks of acceptance if it is after June 15, 2010)*

<i>Preschool Materials Fee</i>	\$200.00 per student
<i>Elementary Materials Fee (Grades K-5)</i>	\$250.00 per student
<i>Middle School Materials Fee (Grades 6-8)</i>	\$275.00 per student
<i>High School Materials Fee (Grades 9-12)</i>	\$325.00 per student
<i>ACH Fee (Applicable to those who pay tuition by electronic fund transfer)</i>	\$50.00 per family
<i>Athletic Fee (Grades 6-12)</i>	\$50.00 per student, per sport
<i>Graduation Fee (12th grade only)</i>	\$100.00 per student
<i>International Student Registration Fee</i>	\$500.00 per student

ATLANTIC CHRISTIAN SCHOOL
FINANCIAL & POLICY AGREEMENT ENROLLMENT CONTRACT
2010-2011 SCHOOL YEAR

INSTRUCTIONS

Parents, guardians, or other persons responsible for the payment of the tuition and fees of a student enrolling in Atlantic Christian School should read all the provisions of this contract, complete the required information, sign, date, and return it to the Business Office. A student cannot be registered or accepted for admission until this contract has been submitted. **Please be sure to fill out the entire contract, initial the bottom of each page and sign where indicated.**

TERMS OF CONTRACT

In consideration of the acceptance of this contract by Atlantic Christian School, the undersigned agrees to pay the required total tuition for the full academic year of the student(s) listed herein for the 2010-2011 school year, according to one of the following methods of payment. In addition, the undersigned agrees to all policies and procedures found in the Family Handbook.

Tuition Payment Plans (Please select one and initial in space provided):

____ I agree to pay tuition by an annual payment, made directly to the school by **August 1, 2010.**

____ I agree to pay tuition in two semi-annual payments, made directly to the school by **August 1, 2010 and January 10, 2011.**

____ I agree to pay tuition in 11 monthly payments by electronic fund transfer through the Automated Clearing House. Payment schedules will begin in July and continue through and including May 2011. If enrollment occurs after July 1st, monthly payments will begin the month following enrollment and continue through and including May 2011. A processing fee will be charged to all users.

***For all reenrolling monthly payers, if you are using the same account and payment date as last year please initial _____**

Additional Fees:

1. Non-refundable Registration Fee of \$150.00 per student for those who register prior to April 30; \$200.00 per student for those paying after May 1.
2. Non-refundable Service Charge of \$50.00 for ACH monthly payers.
3. Non-refundable Materials Fee of \$200.00 for each Pre-K student, \$250.00 for each student in grades K-5, \$275.00 for each student in grades 6-8, and \$325.00 for each student in grades 9-12.
4. Non-refundable Athletic Fee of \$50.00 **per student per sport** in grades 6-12 for students who choose to participate in an extracurricular sport; Intramural Fee varies per student per sport, if participating.
5. Late Fee of \$20.00 for each month in which a tuition payment is not received within 10 days of the due date.
5. Return Check Fee of \$25.00 for checks returned or for declined automatic withdrawals from the bank.

Please initial _____

Transportation

Students living from 2 to 20 miles from Atlantic Christian School may be eligible to receive bus transportation from their local public school districts (a determination made annually by each school district). If such transportation is not provided, parents must furnish their own transportation but will be eligible to receive a reimbursement from the state of New Jersey. Atlantic Christian may provide bus transportation for an annual fee to students residing in areas that do not offer bus transportation. This determination and fee amount are set during the summer based on enrollment figures and costs. Once a parent registers their child for a bus provided by ACS, this is a yearly commitment and cannot be cancelled. Payment is expected regardless of usage.

Please select one of the following:

1. YES. If bus transportation is not provided by my local district, I would be interested in information about bus transportation provided by Atlantic Christian School. I know that if I utilize the ACS bus transportation that there will be a designated bus fee in addition to tuition.
_____ (Please initial)
2. NO. Whether or not the bus transportation is provided by my local district, I am not interested in Atlantic Christian School's bus transportation.
_____ (Please initial)

Compliance with School Financial Policies

1. In the event of withdrawal, the following tuition schedule applies:
 - Prior to September 1: full refund of tuition amounts paid.
 - September 1 – December 31: 50% of full tuition due, amounts paid over 50% will be refunded.
 - January 1 – February 29: 75% of full tuition due, amounts paid over 75% will be refunded.
 - After March 1: 100% of tuition due, no refunds.
2. Any account that becomes 60 days past due will be considered delinquent. Report cards will not be issued for students with delinquent accounts until the accounts are made current. Final report cards will not be issued until a student's account is satisfied in full.
3. Any student whose account becomes 60 days past due will be suspended until the account is satisfied in full.
4. No student will be allowed to register for the upcoming school year if that student's account is not current.
5. ACS reserves the right to send any delinquent account to a collection agency and to report any unpaid amounts to a national credit-reporting agency. The financially responsible party must reimburse any fees incurred by the school as a result of account collections to the school.
6. Transportation fees are due in full regardless of use. In the case of withdrawal, 100% of fees are due.
7. For students who are dismissed from ACS, tuition shall be pro-rated based upon four weeks after the child's last day of school.

Please initial _____

TUITION AND FEES WORKSHEET

Please calculate the amount of fees due:

Registration Fee _____ (Must be paid when application is submitted)
 Materials Fee _____
 ACH Fee _____ (For monthly payers only)
 Graduation Fee _____ (12th Grade Only)

TOTAL _____

I understand that the fees listed above MUST be paid prior to my child/children starting school. _____ *Please initial.*

Please List Oldest to Youngest

Student: _____	Grade for 10/11 _____	Tuition _____
Student: _____	Grade for 10/11 _____	Tuition _____
Student: _____	Grade for 10/11 _____	Tuition _____
Student: _____	Grade for 10/11 _____	Tuition _____
Student: _____	Grade for 10/11 _____	Tuition _____
Student: _____	Grade for 10/11 _____	Tuition _____

TOTAL TUITION: \$ _____

Annual Payment (Total Due from above) _____
Annual Tuition Payment Due by 8/1/2010

Semi-Annual Payment _____
(Total Tuition Divided by 2)
Semi-Annual Payments Due by
8/1/2010 and 1/10/2011

Monthly Payments _____
(Total Tuition Divided by 11 months)
(If enrolling after July 1st, divide by the
Number of months starting the month
After enrollment until May 2011)
Monthly payments begin 7/05/2010 or
7/20/10. The final payment is in May 2011.

Annual and Semi-Annual payers may use VISA, MasterCard or Discover for an additional charge of 2% to cover costs.

Please initial _____

In order to determine our school's eligibility for federal and state funding, please find your household size in the chart below. Then, scan across to determine if your gross income level (annually, monthly, or weekly) is less than or equal to the amount listed.

INCOME ELIGIBILITY GUIDELINES			
<i>Effective from July 1, 2009 to June 30, 2010</i>			
HOUSEHOLD SIZE	FREE MEALS OR MILK		
	Annual	Monthly	Weekly
1	\$20,036	\$1,670	\$386
2	\$26,955	\$2,247	\$519
3	\$33,874	\$2,823	\$652
4	\$40,793	\$3,400	\$785
5	\$47,712	\$3,976	\$918
6	\$54,631	\$4,553	\$1,051
7	\$61,550	\$5,130	\$1,184
8	\$68,469	\$5,706	\$1,317
Each additional Household Member	+\$6,919	+\$577	+\$134

Please check one of the following:

_____ Based on the above chart, our gross household income is **at or below** the annual, monthly, or weekly amount shown.

_____ Based on the above chart, our gross household income is **above** the annual, monthly, or weekly amount shown.

CONTRACT ACCEPTANCE

I have reviewed all the pages of this enrollment contract and agree to abide by the provisions of the contract and all materials incorporated in it upon acceptance into the school. I further agree to all policies and procedures stated in the Parent-Student Handbook.

Father/Legal Guardian

Signature and Date

Mother/Legal Guardian

Signature and Date

*Financially Responsible Party
 (If someone other than parent or legal guardian)*

Signature and Date

 Authorized School Representative, Title

 Date

ATLANTIC CHRISTIAN SCHOOL
MEDICAL INFORMATION AND RELEASE FORM
(PLEASE PRINT)

IMPORTANT! Please fill out a separate form for each child enrolled at ACS

SCHOOL YEAR _____

STUDENT'S NAME _____
LAST FIRST MIDDLE

GRADE _____ DATE OF BIRTH _____

CHECK IF THE STUDENT HAS ANY OF THE FOLLOWING CONDITIONS:

<input type="checkbox"/> Heart condition	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Seizure Disorder	<input type="checkbox"/> Restrictions
<input type="checkbox"/> Severe Allergies	<input type="checkbox"/> Asthma	<input type="checkbox"/> Adverse Drug Reaction	<input type="checkbox"/> No Restrictions
<input type="checkbox"/> Glasses / Contacts	<input type="checkbox"/> Vision or Hearing Problems	<input type="checkbox"/> On Medication	<input type="checkbox"/> Other

PLEASE EXPLAIN ANY OF THE ABOVE CONDITIONS IF THEY ARE CHECKED:

LIST MEDICATIONS ROUTINELY GIVEN: 1. _____ 2. _____ 3. _____

NAME OF CHILD'S PHYSICIAN/CLINIC _____

ADDRESS _____ PHONE _____

INSURANCE COMPANY _____ POLICY# _____ GROUP# _____

ALLERGIES:

MEDICAL PERMISSION

I hereby give permission to release information regarding my child's health condition(s) to school personnel in order to best meet the medical and health needs of my child in the school setting. In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, the school may make necessary arrangements to treat my child.

Signature of Parent/Legal Guardian _____ **Date:** _____

ATHLETIC AND ACTIVITIES PERMISSION

I hereby consent to have my son/daughter participate in sports, intramurals, and other activities supervised by the teaching staff or coaching on or away from school grounds.

I hereby authorize the staff member in charge to call an emergency ambulance in case of accident or acute illness, and to arrange for necessary emergency medical and surgical care, in case I am not immediately available. Any qualified physician called by the staff member may treat and do whatever is necessary for the health and well being of my son or daughter.

It is understood that a conscientious effort must be made to notify me (parents) before such action will be taken. I also agree to accept responsibility for the cost of the above medical services.

Signature of Parent/Legal Guardian _____ **Date:** _____

IF THERE ARE ANY CHANGES IN THE INFORMATION PROVIDED, PLEASE NOTIFY THE SCHOOL

Atlantic Christian School
391 Zion Road, Egg Harbor Township, NJ 08234
Phone: 609-653-1199 FAX: 609-653-1435
www.acseht.org

PHYSICIAN PRESCRIPTION MEDICATION ORDER FORM

School Year _____

Student Name _____ Grade _____

PHYSICIAN TO COMPLETE:

Diagnosis _____

Medication _____

Dosage: _____ Route: _____ Time: _____

Special Instructions: _____

Precautions/Side Effects: _____

Date _____ Physician Signature _____

(Original/No signature stamps please)

Physician Name: _____

Street Address: _____

City/State/Zip: _____ Phone: _____

PARENTAL PERMISSION TO DISBURSE PRESCRIPTION MEDICATION

I give permission for (name of student) _____

To receive prescription medication at school as prescribed by Dr. _____

I WILL BRING THE MEDICATION (PRESCRIPTION) TO SCHOOL IN THE ORIGINAL CONTAINER,
PROPERLY LABELED.

Date

Parent/Legal Guardian Signature

PLEASE PROVIDE A SEPARATE FORM FOR EACH PRESCRIPTION MEDICATION TO BE ADMINISTERED.
PLEASE SUBMIT ONE FORM PER STUDENT. REPRODUCE AS NECESSARY

A prescription medication order is effective September-June of each school year and must be renewed annually

Atlantic Christian School
391 Zion Road, Egg Harbor Township, NJ 08234
Phone: 609-653-1199 FAX: 609-653-1435
www.acseht.org

NON-PRESCRIPTION MEDICATION PERMISSION FORM

School Year _____

Please indicate either YES or NO if it is your desire that the school nurse give the following non-prescription, over-the-counter medications, as needed. **Please note that both the parent/legal guardian and the physician must sign this permission form.**

The school nurse has my permission to give the following non-prescription medication(s), as necessary, to:

(Student Name) (Grade)

Circle Yes or No

Circle Yes or No

Yes/No Cough Drops (coughing, sore throat)

Yes/No Benadryl (allergic reaction,
Bee sting/bug bite, food allergy)
Dose_____

Yes/No Orajel (mouth sores, toothache)

Yes/No Cortisone cream (rash, bug
bites)

Yes/No Ginger Ale (upset stomach)

Yes/No Tylenol (pain, headache, or
fever)
Dose_____

Yes/No Advil (pain, headache, or fever)
Dose_____

Yes/No Neosporin cream

Yes/No Calamine Lotion

Parent/Guardian Signature: _____ Date: _____

Physician Signature: _____ Date: _____

SUBMIT ONE FORM PER STUDENT. PLEASE REPRODUCE AS NECESSARY.

***A non-prescription medication order is effective
September-June of each school year and must be renewed annually.***

**ATLANTIC CHRISTIAN SCHOOL
GRANDPARENT INFORMATION FORM**

School Year: _____

Atlantic Christian School annually sets aside a day to honor the grandparents of our students. Invitations are sent from the school, based on information we have on file. Please provide us with address information regarding your child's grandparents. One form per family is all that is needed. If your child's grandparents are not available, you may identify someone else to be invited in their place.

Family Name: _____

Students:	Name _____	Grade _____
	Name _____	Grade _____
	Name _____	Grade _____
	Name _____	Grade _____
	Name _____	Grade _____

1. Grandparent's Name: _____

Address _____

2. Grandparent's Name: _____

Address _____

3. Grandparent's Name: _____

Address _____

4. Grandparent's Name: _____

Address _____

Family Representative (if grandparents are unavailable):

Name: _____

Address: _____

Relationship to student(s): _____

ATLANTIC CHRISTIAN SCHOOL VOLUNTEER QUESTIONNAIRE

PLEASE FILL OUT & RETURN TO ACS OFFICE. THANK YOU!

School Year: _____

Name of Student(s): _____ Grade(s): _____

Name: _____ Home Phone: _____

E-mail: _____ Cell Phone: _____

I am interested in helping with or would like more information about the following areas:

- PTF Board
- Serving Lunch
- Room Parent for _____ grade
- Clothing Drive Committee
- Homecoming Weekend
- Silent Auction Committee
- Tree Lighting & Caroling
- Used Uniform Program
- Field Day
- Teacher's Lunches (Provide a food item)
- Gift Card Program
- School Library
- Race for Education
- School Office/ Mailings
- Grandparents Day
- Back to School BBQ
- Pastor Appreciation Day
- Golf Event

Please share your suggestions and comments:



Atlantic Christian School
391 Zion Road, Egg Harbor Township, NJ 08234
(609) 653-1199 Phone (609) 653-1435 Fax
www.acseht.org

PERMISSION TO RELEASE RECORDS

Date: _____

To: _____

Name of previous school(s)

Address: _____

The following student has enrolled at Atlantic Christian School:

Student Name: _____

Date of Birth: _____ Grade: _____

Please forward all academic and medical records for this student. Please include:

- All discipline records
- Official transcript showing all work completed at your school
- Grades at time of withdrawal
- An explanation of your grading system
- All standardized test results
- Health/immunization records
- Child study team records, if applicable

Send records to: Office of Admissions
Atlantic Christian School
391 Zion Road
Egg Harbor Township, NJ 08234

Authorization for Release of Pupil Records

I hereby give permission for my child's previous school to release academic and medical records for the purpose of enrolling at Atlantic Christian School.

Parent/Guardian Signature: _____

Relationship to Student: _____