Date App. Rec'd:
Date App. Fee Rec'd:



Application for Admission

Please send the completed form to E-mail: acacia@acaciaacademy.org or Address: 830 South Main Street, Kokomo, IN 46901 (765-457-5545)

Student Information:						
Student's Legal Name						
Home Address						
Date of Birth//			ale			
Citizenship	Grade Le	vel Requested _				
Church attended, if any						
Name of Legal Guardian						
Parent/Guardian Information:						
Father's Name						
Address						
Home Phone		Email				
Marital Status						
Occupation and Position						
Business Name, Address, Work Phor	ne					
Church attended, if any						
Mother's Name						
Address						
Home Phone	Cell Phone	Email				
Marital Status:						
Occupation and Position						
Business Name, Address, Work Phone						
Church attended, if any						
Please list all persons living in the ho	usehold and their relationshi	p to the student:				
Who is responsible for the financial s	upport of the student?					
	1.1					

School Information:				
School district in which you reside_				
Present School				
School Address		Telephone		
Grades Attended Dates Attended				
Please list all past schools attende	d.			
School Address		_Telephone		
Grades Attended	Dates Attended			
Reason for withdrawing		· · · · · · · · · · · · · · · · · · ·		
		_Telephone		
Grades Attended	Dates Attended			
Reason for withdrawing				
If the answer is "yes" to any of the	following questions, please provide a	idditional informa	ition b	pelow.
Has the student received any special h	honors or awards for scholastic achieven	nent?	Yes	No
Has the student ever had any remedia	al or accelerated instruction		Yes	No
(or been recommended for such)?	acuad farward) a grada?		Yes	No
			Yes	
, , ,			Yes	
- , ,			Yes	
			Yes	No
Does the student have any special learning needs or learning disabilities? (ADHD, dyslexia, etc.)) Yes	No
	emotional, or other problems that may aff	ect	Yes	No
school behavior or attendance?	veheel dissiplinary problems?		Yes	No
· · · · · · · · · · · · · · · ·			Yes	
·			Yes	
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Medical Information: If the answer is "yes" to any of the following questions, please provide additional information below. Does the student have any medical concerns that would need to be addressed in the Yes No school setting? Does the student regularly require medication? Yes No Does the student have any severe allergies? Yes No Yes No To your knowledge, has the student used any type of illegal drugs, alcohol, or tobacco? Has the student ever consulted with, or been referred to, a doctor, psychologist, or Yes No counselor for professional assistance (e.g. social, behavioral, emotional, or mental difficulties)? What are the student's special interests, skills, and extracurricular activities? Please state briefly your reason for wanting your child enrolled in Acacia Academy. Please comment on how you hope your child will benefit from a classical and Christian education.

Non-discrimination policy

Acacia Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national origin in administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other school-administered programs.