

The Academy of Coastal Carolina

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New Student Application 2017-2018

APPLYING FOR GRADE: _____ \$100.00 Application Fee due with this Application
If accepted for enrollment, deposit due within 5 business days.

Instructions: Please fill out COMPLETELY. An incomplete form will delay enrollment

SECTION 1 STUDENT INFORMATION

Applicant's Name [Last] _____, First] _____ [Middle] _____
Preferred Name _____ Date of Birth _____ []Female [] Male
Primary Address: _____ City _____ State _____ Zip _____
Home Phone () _____ Student Cell Phone: () _____
Primary E-Mail _____ Secondary E-Mail _____
Last School Attended _____, Location _____ Phone No. _____

SECTION 2

FAMILY INFORMATION

Father:

Last Name _____ First Name _____
*Address _____
*City _____ State _____ Zip _____
**If different from student.*
Marital Status [] Married [] Widower [] Separated
[] Divorced [] Remarried
Employer _____
Occupation _____
Work Phone _____
Cell Phone _____
Lives with Student [] Yes [] No
Receives Mail/Billing [] Yes [] No
Church Attendance [] Regular [] Seldom [] Never
Church Affiliation _____

Mother:

Last Name _____ First Name _____
*Address _____
*City _____ State _____ Zip _____
**If different from student.*
Marital Status [] Married [] Widower [] Separated
[] Divorced [] Remarried
Employer _____
Occupation _____
Work Phone _____
Cell Phone _____
Lives with Student [] Yes [] No
Receives Mail/Billing [] Yes [] No
Church Attendance [] Regular [] Seldom [] Never
Church Affiliation _____

Names, ages, grades and school name for all children in the family

Name _____ Age _____ Grade _____ School _____
Name _____ Age _____ Grade _____ School _____
Name _____ Age _____ Grade _____ School _____

Paternal Grandparents Name _____ E-Mail _____
Mailing Address _____ City _____ State _____ Zip _____
Maternal Grandparents Name _____ E-Mail _____
Mailing Address _____ City _____ State _____ Zip _____

SECTION 3

EMERGENCY INFORMATION

Family Physician _____ Phone _____
Emergency Contact #1 _____ Relationship _____ Phone _____
Emergency Contact #2 _____ Relationship _____ Phone _____

SECTION 4

PARENT QUESTIONNAIRE

- Who recommended ACC to you? _____
1. What are your academic goals for your child? _____

 2. How do you anticipate your child will benefit from being at The Academy of Coastal Carolina?

 3. What do you anticipate your child's academic challenges will be? _____
 4. What do you anticipate your child's social challenges will be: _____
 5. Describe your child's strengths: _____
 6. List all previous schools your child has attended: _____
Dates _____
Dates _____
Dates _____
 7. Has your child ever repeated a grade? Yes No
 8. If yes, please explain: _____
 9. Has your child had disciplinary problems in school? Yes No If yes, please explain:

SECTION 5

HEALTH INFORMATION

The following important medical information will help The Academy better serve your child.

- Yes No Pre-mature birth
- Yes No Asthma
- Yes No Food Allergies _____
- Yes No Medical Allergies _____
- Yes No Normal Vision Date of last eye exam _____ Where? _____
- Yes No Normal Hearing
- Yes No Diagnosed for ADD or ADHD If yes, please attach a copy of the diagnosis.
- Yes No Medicated for ADD or ADHD If yes, identify type of medication _____
- Yes No Immunizations up-to-date
- Yes No Hospitalized in the last 12 months? If yes, briefly explain _____
- Yes No Diagnosed for depression or other emotional conditions. If yes, briefly explain _____

SECTION 6 **PARENT/GUARDIAN AGREEMENT**

Parent/Guardian Name (Please Print) _____

By signing below I/we have read, acknowledge and agree to cooperate and support the following:

- The policies and procedures stated in the current Parent/Student Handbook
- The Tuition and Fees Policies and Procedures set forth in the current Tuition & Fees Schedule
- The administration and teachers by respects and verbal support, voluntary efforts for school functions and fervent prayer.
- The academic success of my child by insuring that he/she remains current in all class requirements including but not limited to: class attendance with minimal absences, class participation, daily homework assignments and thorough preparation for tests/quizzes and class projects.
- The compliance of my child to the student dress code and code of conduct outlined in the current Parent/Student Handbook.
- The use of my child’s picture for official school publications, including the school website, FaceBook Page, brochures, newspaper ads and press releases and the school newsletter.
- The inclusion of our name, phone number and e-mail address in a school directory.
- The timely payment of all fees and tuition as stated in this application and the current Parent/Student Handbook and published Tuition Schedule. I understand and accept all tuition, fees payments and penalties as stated in this application packet.

Parent Signature _____ Date _____

Financially Responsible Party (if different from parent) _____

_____ \$100.00 Application Fee due with this application

_____ \$250.00 Early Enrollment Deposit

OR

_____ \$500.00 Deposit

Tuition Payment Options: Please select one of the following payment schedules:

_____ Annual Payment in Full

Due July 1

_____ Semi-Annual Payments

Due July 1 and January 15

_____ 10 Installment Payments (FACTS*)

Payments Begin in August: + Annual FACTS Fee

FACTS Information and Enrollment at www.theacademyedu.com

***\$100.00 Application Fee is a one-time, non-refundable administrative fee. It is in addition to any and all tuition and fees. Students will not be considered for enrollment without a completed, signed Application and \$100.00 Application Fee.**

