

Application for Enrollment

2026-2027 School Year



A Ministry of Mennonite Christian Fellowship

245 Tennant Drive, Atmore, AL 36502 · Phone & Fax (251) 368-5499 · www.atmorechristianschool.com

Student Information

Name _____ Gender _____
Last First Middle

Address _____
Street Address City State Zip Code

Grade Level in School _____ Birthdate _____ Age _____

Phone Number _____ Has the applicant made a profession of faith in Christ (Yes/No) _____

Family Information

FATHER (or male guardian) _____ Employer _____

Email Address _____ Business Ph _____ Cell Ph _____

Christian (Yes/No) _____ High School Graduate (Yes/No) _____ College Graduate (Yes/No) _____

MOTHER (or female guardian) _____ Employer _____

Email Address _____ Business Ph _____ Cell Ph _____

Christian (Yes/No) _____ High School Graduate (Yes/No) _____ College Graduate (Yes/No) _____

If parents are divorced, please describe custody arrangement _____

STEPPARENT living at home _____ Employer _____

Email Address _____ Business Ph _____ Cell Ph _____

Christian (Yes/No) _____ High School Graduate (Yes/No) _____ College Graduate (Yes/No) _____

Please list any other school-aged children not applying to ACS.

Name	Birthdate	Name	Birthdate
_____	_____	_____	_____
_____	_____	_____	_____

Church Information

Church Attending _____ Pastor _____

Church Address _____ Phone _____

Does the family attend church weekly? (Yes/No) _____ If no, please explain _____

Medical Information

Family Physician _____ Phone Number _____

Address _____

Please answer **Yes or No** to the following questions concerning your child.

_____ **Has the child had excessive absences in the past due to illness?**
If yes, please explain _____

_____ **Does the child have any physical defects, weaknesses, or allergies?**
If yes, please explain _____

_____ **Does the child regularly take any medications?**
If yes, please explain _____

_____ **May the child be given a non-aspirin pain reliever (Tylenol or equivalent) at school in case of headache or other minor pain?**

_____ **Has the child received immunizations for the following diseases?**
Polio _____ Measles _____ Mumps _____ DPT _____

Scholastic Information

_____ **Has the child ever been expelled, dismissed, or suspended by a school or refused admission to a school?** If yes, please explain _____

_____ **Has the child had any disciplinary difficulties?** If yes, please explain _____

_____ **Has the child ever used tobacco or illegal drugs of any kind?** If yes, please explain _____

_____ **Has the child ever failed in school?** If yes, please explain _____

Indicate the academic level of the child's previous work: Excellent ____ Good ____ Average ____ Poor ____

Application Signature

We, the undersigned parents or guardians of _____, do hereby certify that the information contained in this application is true to the best of our knowledge.

Date

Signature of Father (or male guardian)

Date

Signature of Mother (or female guardian)

PARENT UNDERSTANDING and COMMITMENT

We, the undersigned parents or guardians of _____, do hereby request enrollment in Atmore Christian School for our child. We acknowledge that the Bible places primary responsibility for education on the parents, and we request this school to assist us in meeting this responsibility. We believe that our child needs an academic education which is based on the Word of God and its teachings. We hereby request the school to operate on our behalf as long as our child is enrolled.

We covenant with the leadership team of Mennonite Christian Fellowship and the school staff as spiritual advisors to teach our children in consistency with the Word of God. We have read and understand the current Atmore Christian School Handbook. We commit ourselves to support the philosophy and policies of the school. Should any question or misunderstanding concerning the teaching, philosophy, or policies of the school occur, we commit ourselves to consult first with the administrator. If differences are irreconcilable, or if the spiritual atmosphere of the school is hindered by our child's presence or by our involvement, we will withdraw our child from the school.

We commit ourselves to attend planned parent meetings and school programs. We commit ourselves to attend scheduled parent-teacher conferences twice per school year. We commit ourselves to arrange and attend special parent-teacher conferences when requested by the school for disciplinary or other reasons.

We expect the school to exercise consistent Biblical discipline. We commit ourselves to place confidence in the school staff and to honor their judgment about the necessity of discipline.

We understand that the school will authorize field trips during the course of the school year. We hereby give permission for our child to participate in the school's athletics program. We release Atmore Christian School from any liability whatsoever, including injury or illness incurred during those activities.

We understand that the school will authorize medical services when necessary, such as in the event of an emergency when the school is unable to contact us. We authorize the school and its consulting physician to authorize and administer medical services as they deem necessary. We release Atmore Christian School from any liability whatsoever.

We understand that any lack of finances does not necessarily exclude our child from enrollment, but that the school depends on the financial support it receives through enrollment fees and tuition. We commit ourselves to pay promptly when due, or in advance, a monthly tuition for 10 months, as well as any other fees charged by the school. If we cannot make the regular tuition payments, we understand that we may request, complete, and return to the school board chairman a Financial Assistance Application who, along with the school board, will determine the availability and eligibility of funds.

We understand that the school depends on funds raised through the cooperative efforts of all parents, organized by a fundraising committee. We commit ourselves to participate in these efforts as requested by the fundraising committee.

Date

Signature of Father (or male guardian)

Date

Signature of Mother (or female guardian)

<i>For office use only</i>		Date pd	Check #
Date Application Received _____	Application Fee Due _____		
Date of Enrollment _____	Enrollment Fees Due _____		
Date of Withdrawal _____	First Month's Tuition _____		
	Total Due _____		