

# ALETHEIA CHRISTIAN ACADEMY

## Student Enrollment Packet



## ALETHEIA CHRISTIAN ACADEMY

42457 171st Ave,

Holdingford, MN 56340

Phone: (320) 746-0005

Website: [AletheiaChristianAcademy.com](http://AletheiaChristianAcademy.com)



# ALETHEIA CHRISTIAN ACADEMY

PO BOX 37 • 42457 171<sup>ST</sup> AVE

HOLDINGFORD, MN56340

P: 320-746-0005

## APPLICATION FOR ENROLLMENT

Student's Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
Street City State Zip code

Date of Birth \_\_\_/\_\_\_/\_\_\_ Sex \_\_\_\_\_

Wishes to enroll in:

- 4-year-old Pre-School, 2 days per week (Tuesdays and Thursdays) on \_\_\_\_\_ (Month/Year)
- 4-year-old Pre-School, 5 days per week (Monday thru Friday) on \_\_\_\_\_ (Month/Year)
- 1<sup>st</sup> Grade on \_\_\_\_\_ (Month/Year)
- 2<sup>nd</sup> Grade on \_\_\_\_\_ (Month/Year)
- 3<sup>rd</sup> Grade on \_\_\_\_\_ (Month/Year)

Parent's Email Address \_\_\_\_\_ Primary Phone \_\_\_\_\_

School District you presently reside in: \_\_\_\_\_  
Name ISD Number

List Chronologically all schools attended, including preschool and kindergarten. (If any education was homeschooling, please describe courses and give dates. Use supplemental information form if needed.)

<u>Dates</u>	<u>Grade</u>	<u>Name of School</u>	<u>Mailing Address</u>

The child's scholastic grades have been:

Superior \_\_\_\_\_ Above Average \_\_\_\_\_ Average \_\_\_\_\_ Below Average \_\_\_\_\_

Has the child ever failed to be promoted to the next grade? \_\_\_\_\_

If yes, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the child have any health conditions that limit his/her ability to fully participate in a regular school program, including activities related to classroom curriculum, physical education, recess, etc.? \_\_\_\_\_

If yes, please describe any limitations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*We desire to educate as many young people as possible. However, we are not equipped to handle students with substantial learning disabilities (IEPs), sever emotional problems, or an uncooperative spirit towards policy and discipline.*

Family's Church \_\_\_\_\_ Address: \_\_\_\_\_

Does your family attend church regularly? \_\_\_\_\_ Sunday School regularly? \_\_\_\_\_

**\*\* First-time enrolling families only:  
Please attach a short Christian testimony from one or both the parents.\*\*  
Use a Supplemental Information Form if desired.**

Comment on the child's personality traits (outgoing, congenial, responsible, temperamental, shy, fearful, aggressive, domineering, etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Family status: \_\_\_Single \_\_\_Married \_\_\_Separated \_\_\_Divorced \_\_\_Widowed  
\_\_\_ One or both parents deployed in the military

Father \_\_\_\_\_  
Name

Mother \_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Numbers

\_\_\_\_\_  
Phone Numbers

\_\_\_\_\_  
Occupation Employer

\_\_\_\_\_  
Occupation Employer

List other children in the family:

<u>Name</u>	<u>Age</u>	<u>School Attending</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Early childhood screening is required prior to applying for kindergarten. What district were you screened in? \_\_\_\_\_

Why do you desire to enroll your child in Aletheia Christian School? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If accepted for enrollment, do you consent to your child's/children's image being used on printed and online promotional materials? \_\_\_\_ Yes \_\_\_\_ No

We shall endeavor to support and uphold the student handbook and the ideals of the school in every way. We agree to pay all the fees pertaining to the enrollment of our child.

\_\_\_\_\_  
Signature of Father

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Mother

\_\_\_\_\_  
Date

*Aletheia Christian School accepts students without regard to race, color, sex, or national or ethnic origin.*

## ANNUAL TUITION RATES AND FEES

	5-Day per Week 4 YO Pre-K thru 3 <sup>rd</sup> Grade	2-Day per Week 4 YO Pre-K
First Child	\$3,900	\$1,560
Second Child	\$2,900	\$1,160
Third + Child	\$2,400	\$960

### FEES:

**Application Fee** – A \$100 application fee applies one time per family at initial enrollment only; it does not apply to re-enrollment. Application fees are not refundable.

**Returned Check Fee** - Any check returned to us due to insufficient funds will result in a fee of \$35.00. Replacement of the funds must be done via money order or cash.

**Late Fee** - A \$10 late fee will be added to late payments. Students will not be permitted to attend school if the late payment is not made by the last day of the month in which the payment is due.

### Payment Plans:

Three payment plans are offered: 10-pay, 3-pay, and 1-pay. Below are payment due dates. Tuition must be paid in full by May 15.

\*Please check one box below to select your payment plan for the upcoming school year.

10-Pay

Payment	Payment Due	Payment	Payment Due	Payment	Payment Due
1	August 15	5	December 15	9	April 15
2	September 15	6	January 15	10	May 15
3	October 15	7	February 15		
4	November 15	8	March 15		

3-Pay

Payment	Payment Due	Payment	Payment Due
1	August 15	3	February 15
2	November 15		

1-Pay

Payment	Payment Due
1	August 15

**Financial aid** is available to assist families with the cost of tuition. To apply for financial aid, see our website: [AletheiaChristianAcademy.com](http://AletheiaChristianAcademy.com).



## ALETHEIA CHRISTIAN ACADEMY

### PARENT/ADMINISTRATION PARTNERSHIP AGREEMENT

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I authorize ACA to instruct my child both spiritually and academically with biblical truth as the foundation, Christ as the model, and Christlikeness the goal.

I recognize ACA as an extension of my home and my parental responsibilities.

1. I agree with the philosophy, purpose, and goals of ACA.
2. I agree with the policies in the Parent/Student Handbook of ACA and will support the teachers and administrators in their modeling, teaching, and implementing of these policies. In case of minor differences, I am content to defer to the school administration.
3. I will, in my home, diligently work with and consistently support the administration, faculty, and staff of ACA in the training and discipline of my child.
4. If I have questions, concerns, or points of difference with the administration, faculty, or staff of ACA, I will speak directly and exclusively to those involved, beginning with the teacher, and I will do so in a spirit of humility and cooperation, with the goal of settling all differences biblically and selflessly. If I cannot settle such differences in a Christ-like way to the satisfaction of all parties involved, I will voluntarily remove my child from ACA and transfer them to a school whose philosophy and standards are more in keeping with the philosophy and standards of my home. (Matthew 18).
5. I view my child's enrollment at ACA as a privilege and not a right, and I will endeavor as a parent to support consistently and pray diligently for the personnel and ministry of ACA that, together, we might train young men and women who are equipped to model truth and excel mentally, socially, and spiritually in a world of great spiritual need.

#### **The Administration, Faculty and Staff of ACA Agree To:**

1. Strive to give students of ACA the best possible academic instruction in the context of a biblical world view, personal faith in Christ, and deep Christian love.
2. Apply the standards of ACA to all students as stated in the student handbook lovingly, equitably, firmly, and consistently in order to create an environment that is well-ordered and conducive to learning, to assist students in the process of growing in Christ, and to aid parents in the raising of their children for God's glory.
3. Contact parents directly when their child evidences a pattern of unconcern, disrespect, or disobedience toward the scholastics, standards, or authorities of ACA or toward fellow students at ACA.
4. Remember that ACA is an extension of the homes we serve and to strive to keep communication open between home and school as well as school to home.

