



Arlington Classics Academy

FAMILY PRE ADMISSION FORM

TO BE ADDED TO THE 2018-2019 WAITLIST

FOR OFFICE USE ONLY

Date Received _____

Date Entered _____

PLEASE NOTE: When you receive a phone call for placement, you **MUST** respond within 24 hours. If ACA campus receives no response within 24 hours, your application will be removed from the wait list.

NOTE: Your child must be 5 years of age ON or before Sept 1, 2018 to enroll in Kindergarten.

Family Last Name (1st contact)

Parent/Guardian First Name

Student Home Address

City

State

Zip

County

1st Contact Phone

1st Contact Email address

2nd Contact Name

2nd Contact Phone

3rd Contact Name

3rd Contact Phone

PRINT Student Last Name	PRINT Student First Name	Date of Birth MM/DD/YYYY	Student Age Sept 1, 2018	Grade Level 2018-2019

I understand I must reapply every year if my child/ren does not enroll. _____ (please initial)

How did you hear about Arlington Classics Academy? _____

We hereby certify with our signature below that the information provided by us above is true and accurate and acknowledge that any inaccuracies can result in the removal of our names from the wait list.

Parent/Guardian Signature

Date

Primary Campus (K-2)
2800 W Arkansas Lane
817.274.2008 Fax 817.394.1610

Intermediate Campus (3-5)
2800 B W Arkansas Lane
817.303.1553 Fax 817.549.0246

Middle School Campus (6-9)
5200 South Bowen Road
817.987.1909 Fax 817.549.0246