



# Arlington Classics Academy

## FAMILY PRE ADMISSION FORM

### TO BE ADDED TO THE 2020-2021 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, 2020 to enroll in Kindergarten.

Family Last Name (1<sup>st</sup> contact)

Parent/Guardian First Name

Student Home Address

City

State

Zip

County

1<sup>st</sup> Contact Phone

1<sup>st</sup> Contact Email address

2<sup>nd</sup> Contact Name

2<sup>nd</sup> Contact Phone

3<sup>rd</sup> Contact Name

3<sup>rd</sup> Contact Phone

PRINT Student Last Name	PRINT Student First Name	Date of Birth MM/DD/YYYY	Student Age Sept 1, 2020	Grade Level 2020-2021

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 (6-8)  
5200 South Bowen Road  
817.987.1909 Fax 817.549.3159