



Arlington Classics Academy

PRE ADMISSION FORM

Date/Time Stamped

Date Entered _____

TO BE ENTERED ON THE 2017-2018 WAIT LIST

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.

Your student will be entered into the 2017-2018 Wait List in the order the form was received.

NOTE: *Your child must be 5 years of age ON or before Sept 1, 2017 to enroll in Kindergarten.*

Enrollment for 9th Grade now available for 2017-2018

*****Return the completed form to the campus your student will attend*****

Family Last Name (1st Contact)

Parent/Guardian First Name

Student Home Address

City

State

Zip

County

1st Contact Phone1st Contact Email address2nd Contact Name2nd Contact Phone3rd Contact Name3rd Contact Phone

PRINT Student Last Name	PRINT Student First Name	Date of Birth MM/DD/YYYY	Student Age Sept 1, 2017	Grade Level 2017-2018

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

How did you hear of 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

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

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

Bowen (Middle School) Campus (6-8)
5200 South Bowen Road
817.303.1553
Fax 817.549.0246