



**ASHEVILLE
CHRISTIAN
ACADEMY**

PLEASE DIRECT ALL APPLICATION MATERIALS TO:
Office of Admissions
PO Box 1089
Swannanoa, NC 28778
(fax) 828-581-2218
admissions@acalion.org

STUDENT QUESTIONNAIRE

GRADES 9-12

STUDENT INSTRUCTIONS

Please thoughtfully complete this questionnaire in its entirety without assistance from anyone (i.e. parents, teachers, or friends). Additional comments are appreciated and may be attached separately. Return this form with your full application to the ACA Office of Admissions. Thank you.

Applicant's name: _____ **Applying to grade:** _____

What is your strongest academic subject? _____

What is your weakest academic subject? _____

Who is your favorite teacher? Why? _____

How many hours a week do you typically spend on required homework? _____

Name two books you have especially enjoyed in the last year (note authors and titles) _____

What book, movie, concert, play, or single event has impressed you strongly in recent years? Why? _____

What extracurricular activities (in or out of school) such as art, music, sports, drama, etc. are currently most important to you? _____

If you had unlimited time and opportunity, what would you most like to do? _____

How much time in a week do you spend watching TV? _____ Playing video games? _____

On the internet (non-homework related)? _____

Please note your involvement in the following activities wherever appropriate, with special emphasis on your significant activities ***of the last two years***. Be as specific as possible. Mention awards won for special proficiency in any activities.

Music _____

Art _____

Science _____

(Continued on reverse side)

Drama and/or Debate _____

Camping and/or Scouting _____

Athletic Competition _____

Travel/Missions Trips _____

Service Activities _____

Other Hobbies _____

Jobs inside and outside the family _____

What church do you presently attend? _____

How often do you attend (weekly, monthly, a few times per year)? _____

In what church activities do you participate? _____

Have you made a personal commitment to Christ?	YES	NO
--	-----	----

Have you made a public profession of your faith?	YES	NO
--	-----	----

Please give a description of your relationship with Jesus Christ; including what you believe about Him and how this impacts the way you live your life. _____

If you were to stand at the gates of Heaven before God, and He were to ask you “What have you done to deserve eternal life?” what would you say? _____

Please share why you want to become a student at Asheville Christian Academy and how you would like to contribute to the student body? _____

What else would you like to tell us about yourself (special hobbies, experiences, goals, passions, etc)? _____



**ASHEVILLE
CHRISTIAN
ACADEMY**

PLEASE DIRECT ALL APPLICATION MATERIALS TO:
Office of Admissions
PO Box 1089
Swannanoa, NC 28778
(fax) 828-581-2218
admissions@acalion.org

CONFIDENTIAL PASTOR REFERENCE

GRADES 9-12

PARENT INSTRUCTIONS

Please sign this waiver and submit this form with an addressed, stamped envelope to a pastor (youth leader) at your church who knows your child well. If you are new to the area, you may ask a former pastor to complete this form. Thank you.

Applicant's name: _____ **Current grade level:** _____

Parents' names: _____

My child is an applicant for admission to Asheville Christian Academy. I hereby authorize you to release to Asheville Christian Academy the following confidential reference form that you should mail directly to the Asheville Christian Academy Admissions Office. I waive my right to review the information provided on this form.

Signature of parent

Name of parent (please print)

Phone

Date

PASTOR/YOUTH LEADER INSTRUCTIONS

Thank you for completing this form in consideration of the above named family and student. Please return this form directly to Asheville Christian Academy Office of Admissions, PO Box 1089, Swannanoa, NC 28778. Please know that this information will remain confidential. Thank you.

In what capacity have you known the family? _____

For how long? _____

Is this family actively involved in your church? Please explain. *(For these purposes, actively means attends church more than twice a month and takes part in church body life.)* _____

How have you seen the Fruits of the Spirit growing in this student? _____

How does the student respond to failure? _____

How interested and involved is he/she with service activities? _____

(Continued on reverse side)

How much parental support and involvement is there? _____

Does he/she have healthy peer relations? _____

Does he/she get along well with others? _____

Please assess the student in the following areas, as compared to his/her peers:

	Excellent	Above Average	Average	Below Average	Not Applicable
Engagement in Church	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Listening in Group Settings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Following Directions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concentration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Completion of Tasks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neat and Careful Work Habits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cooperation Among Peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cooperation with Church Leaders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respect of Authority	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Independence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-Confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-Control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leadership Ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In summary, I recommend this applicant/family for admission to Asheville Christian Academy (please circle one):

Enthusiastically Strongly Moderately With Some Reservation

Additional comments: _____

Your name (please print) _____

Your position at the church _____

Name of church _____

Denomination _____

Church address

City

State

Zip

Phone

Signature

Date

Thank you for thoughtfully completing this reference form.



**ASHEVILLE
CHRISTIAN
ACADEMY**

PLEASE DIRECT ALL APPLICATION MATERIALS TO:

Office of Admissions
PO Box 1089
Swannanoa, NC 28778
(fax) 828-581-2218
admissions@acalio.org

CONFIDENTIAL MATH TEACHER REFERENCE

GRADES 9-12

PARENT INSTRUCTIONS

Please sign this waiver and submit this form with an addressed, stamped envelope to the applicant's math teacher. Thank you.

Applicant's name: _____ Current grade level: _____

My child is an applicant for admission to Asheville Christian Academy. I hereby authorize you to release to Asheville Christian Academy the following confidential reference form to be mailed directly to the Asheville Christian Academy Admissions Office. I waive my right to review the information provided on this form.

Signature of parent

Name of parent (please print)

Phone

Date

MATH TEACHER

Please assess the above named student in relation to his/her peers at your school. Additional comments are appreciated and may be attached separately. **Return this form directly to Asheville Christian Academy Office of Admissions, PO Box 1089, Swannanoa, NC 28778.**

Academic Characteristics	Excellent	Above Average	Average	Below Average	Not Applicable
Facts/Computation Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concepts/Problem Solving Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attitude Toward Subject	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abstract Thought	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Work Habits

Work Ethic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to Work Independently	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organization/Neatness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Study Habits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Completion of Work on Time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Emotional & Social Development

Oral Expression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer Relations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respect for Authority	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reaction to Criticism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-Confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sense of Humor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leadership Ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(continued on reverse side)

Please make short comment on the following:

Parental support and involvement:

Has outside help been recommended? YES NO Been given? YES NO Please elaborate below:

The applicant's social and emotional development compared with others of the same chronological age:

Describe how well the applicant is respected by adults/peers:

Additional comments:

In summary, I recommend this applicant for admission to Asheville Christian Academy:

	Enthusiastically	Strongly	Moderately	With Some Reservation
Academic Promise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Character and Personality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall Recommendation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I have known him/her for ____ years.

Name of School _____

School address

City

State

Zip

Phone

Teacher's name (*please print*) _____

Teacher's position _____

Signature

Date

Thank you for thoughtfully completing this reference form.



**ASHEVILLE
CHRISTIAN
ACADEMY**

PLEASE DIRECT ALL APPLICATION MATERIALS TO:
Office of Admissions
PO Box 1089
Swannanoa, NC 28778
(fax) 828-581-2218
admissions@acalio.org

CONFIDENTIAL ENGLISH TEACHER REFERENCE

GRADES 9-12

PARENT INSTRUCTIONS

Please sign this waiver and submit this form with an addressed, stamped envelope to the applicant's English teacher. Thank you.

Applicant's name: _____ **Current grade level:** _____

My child is an applicant for admission to Asheville Christian Academy. I hereby authorize you to release to Asheville Christian Academy the following confidential reference form to be mailed directly to the Asheville Christian Academy Admissions Office. I waive my right to review the information provided on this form.

Signature of parent

Name of parent (please print)

Phone

Date

ENGLISH TEACHER

*Please assess the above named student in relation to his/her peers at your school. Additional comments are appreciated and may be attached separately. **Return this form directly to Asheville Christian Academy Office of Admissions, PO Box 1089, Swannanoa, NC 28778.***

Academic Characteristics	Excellent	Above Average	Average	Below Average	Not Applicable
Reading Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Writing Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grammar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Originality of Thought	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Work Habits

Work Ethic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to Work Independently	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organization/Neatness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Study Habits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Completion of Work on Time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Emotional & Social Development

Oral Expression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer Relations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respect for Authority	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reaction to Criticism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-Confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sense of Humor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leadership Ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(continued on reverse side)

Please make short comment on the following:

Parental support and involvement:

The applicant's social and emotional development compared with others of the same chronological age:

Describe how well the applicant is respected by adults/peers:

Additional comments:

In summary, I recommend this applicant for admission to Asheville Christian Academy:

	Enthusiastically	Strongly	Moderately	With Some Reservation
Academic Promise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Character and Personality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall Recommendation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I have known him/her for ____ years.

Name of School _____

School address

City

State

Zip

Phone

Teacher's name (*please print*) _____

Teacher's position _____

Signature

Date

Thank you for thoughtfully completing this reference form.



**ASHEVILLE
CHRISTIAN
ACADEMY**

PLEASE DIRECT ALL APPLICATION MATERIALS TO:
Office of Admissions
PO Box 1089
Swannanoa, NC 28778
(fax) 828-581-2218
admissions@acalion.org

PRINCIPAL OR GUIDANCE COUNSELOR REFERENCE

GRADES 9-12

PARENT INSTRUCTIONS

Please sign this waiver and submit this form to the applicant's current principal or guidance counselor. Thank you.

Applicant's name: _____ **Current grade level:** _____

My child is an applicant for admission to Asheville Christian Academy. I hereby authorize you to release to Asheville Christian Academy the following confidential reference form as well as a certified copy of the complete transcript (including grades, credits, all standardized test results, and conduct reports) to be mailed directly to the Asheville Christian Academy Admissions Office. I waive my right to review the information provided on this form.

Signature of parent

Name of parent (please print)

Phone

Date

PRINCIPAL OR GUIDANCE COUNSELOR

Please assess the above named student in relation to your school's academic and behavior expectations as well as in relation to peers in his/her present school. Additional comments are appreciated and may be attached separately. Please also include the records detailed above in the parent release. Return this form and the records directly to Asheville Christian Academy Office of Admissions, PO Box 1089, Swannanoa, NC 28778.

In what capacity have you known the applicant? _____

Please comment on the applicant's attitude toward school. _____

Does the applicant exhibit a motivation for or apathy toward learning? Does the applicant's behavior foster or inhibit learning among his/her classmates? _____

To the best of your knowledge, please answer the following questions. If the answer is "yes," please explain.

Has the student had any involvement with drugs, alcohol, or juvenile delinquency? YES NO

Has the applicant ever been suspended? YES NO Expelled? YES NO

Has the applicant ever voluntarily withdrawn from school? YES NO

(Continued on reverse side)

Has the applicant had any history of problems with conduct or behavior? PRINCIPAL/GUIDANCE REFERENCE
YES NO

Has the applicant been involved with any kind of bullying? YES NO

Has the applicant ever brought inappropriate items to school? YES NO

Does the applicant have a history of a learning disability? YES NO Does he/she require special assistance to meet academic requirements? YES NO

Is the student enrolled in additional programs outside the normal course of instruction? If yes, please explain.
YES NO

Have the applicant's parents been cooperative and eager to work in concert with the school? YES NO
(Please explain a "No" answer)

What contribution would this student make to Asheville Christian Academy?

Additional comments

In summary, I recommend this applicant for admission to Asheville Christian Academy (*please circle*):

Enthusiastically Strongly Moderately With Some Reservation

Name of School

School address

City

State

Zip

Phone

Your Name (please print)

Your Position

Signature

Date

Thank you for thoughtfully completing this reference form.