



Returning Student Application

*Adventist Christian Academy
2518 Savannah Hwy
Charleston, SC 29414*

Since previously enrolled students are already in our student information system, we only need to verify the essential information, such as current addresses and phones. In addition to this form, a new Consent to Treatment Form and Financial Contract must be filled out each year.

Thank you for sharing your child with us for another school year!

Student's Name: _____

Student's Name: _____

Student's Name: _____

Address: _____

Father's Name: _____

Mother's Name: _____

Email Address for communication: _____

Please share with us if there have been any changes in the family status, such as address changes, since last year. _____

Date the application was received by the school _____

The deposit and registration amount received _____