

ADCA Virtual Charter Academy

Middle School Admissions Application

2026–2027 School Year

STUDENT INFORMATION

Student Full Name: _____

Preferred Name/Nickname: _____

Date of Birth: ____ / ____ / _____

Age: _____

Gender: _____

Grade Applying For:

- 6th Grade
- 7th Grade
- 8th Grade

Student Email Address (if applicable): _____

Home Address: _____

City: _____ State: _____ Zip: _____

PARENT / GUARDIAN INFORMATION

Parent/Guardian #1

Full Name: _____

Relationship to Student: _____

Phone Number: _____

Email Address: _____

Employer: _____

Parent/Guardian #2

Full Name: _____

Relationship to Student: _____

Phone Number: _____

Email Address: _____

Employer: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____

Relationship to Student: _____

Phone Number: _____

PREVIOUS SCHOOL INFORMATION

Current/Previous School Name: _____

School Address: _____

City: _____ State: _____ Zip: _____

Current Grade Level: _____

Has the student ever been retained?

Yes No

If yes, explain: _____

ACADEMIC PROGRAMS OF INTEREST

Please check all areas of interest:

- Honors Classes
 - STEM Education
 - Robotics
 - Fine Arts
 - Music/Band
 - Athletics
 - Leadership Programs
 - Virtual Learning
 - Coding & Technology
 - Academic Enrichment
 - Bible/Character Development
-

STUDENT INTERESTS & ACTIVITIES

Please list sports, clubs, hobbies, leadership roles, church/community involvement, or talents:

SPECIAL SERVICES

Does the student currently receive any of the following services?

- IEP
- 504 Plan
- ESL Services
- Gifted/AIG Services
- None

If applicable, please explain:

DISCIPLINE HISTORY

Has the student ever been:

- Suspended
- Expelled
- Referred for disciplinary action
- None

If yes, explain:

MEDICAL INFORMATION

Please list any allergies, medical conditions, medications, or health concerns:

TECHNOLOGY ACCESS

Does the student have reliable internet access at home?

- Yes No

Does the student currently have access to a computer or laptop?

- Yes No

STUDENT GOALS SECTION

Student Short Response

Why would you like to attend ADCA Virtual Charter Academy?

What are your future goals or dreams?

PARENT/GUARDIAN AGREEMENT

I certify that all information provided in this application is true and accurate to the best of my knowledge. I understand that submission of this application does not guarantee acceptance.

Parent/Guardian Signature: _____

Date: ____ / ____ / _____

STUDENT AGREEMENT

I agree to follow all school rules, academic expectations, and student conduct policies established by ADCA Virtual Charter Academy.

Student Signature: _____

Date: ____ / ____ / _____

REQUIRED DOCUMENTS CHECKLIST

Please submit the following documents with this application:

- Birth Certificate
 - Immunization Records
 - Most Recent Report Card
 - Proof of Residency
 - Parent/Guardian Identification
 - IEP/504 Documents (if applicable)
-

OFFICE USE ONLY

Date Received: _____

Reviewed By: _____

Acceptance Status:

- Accepted
- Waitlisted
- Denied

Student ID Number: _____