



## Non-ACA Student School Function Application Administrator Reference

Guests attending a high school other than Arkansas Christian must have this form completed by an **administrator at their school** to be able to attend any school function. A student bringing an approved guest will be responsible for the conduct of the guest while on school premises. No one 21 years of age or older will be allowed to attend school dances as a student's guest.

ACA Student Name: \_\_\_\_\_

ACA Function: \_\_\_\_\_

Guest Name: \_\_\_\_\_

School: \_\_\_\_\_

### Check one:

- I am familiar with the above-mentioned student and see no reason that they should not be permitted to attend Arkansas Christian Academy as a representative of our school.
- I would like to discuss this matter further. Please, call:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of Administrator: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email: \_\_\_\_\_

When completed fax to 501-847-0177 or email to [highschool@archristian.org](mailto:highschool@archristian.org)

**This form must be submitted to administration two weeks prior to the event.**



## Non-ACA Student School Function Application Pastoral Reference

Guests attending a high school other than Arkansas Christian must have this form completed by **a pastor at their church** to be able to attend any school function. A student bringing an approved guest will be responsible for the conduct of the guest while on school premises. No one 21 years of age or older will be allowed to attend school dances as a student's guest.

ACA Student Name: \_\_\_\_\_

ACA Function: \_\_\_\_\_

Guest Name: \_\_\_\_\_

Church: \_\_\_\_\_

### Check one:

I am familiar with the above-mentioned student and see no reason that they should not be permitted to attend an event at Arkansas Christian Academy.

I would like to discuss this matter further. Please, call:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of Pastor: \_\_\_\_\_

Pastor Signature: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email: \_\_\_\_\_

When completed fax to 501-847-0177 or email to [highschool@archristian.org](mailto:highschool@archristian.org)

**This form must be submitted to administration two weeks prior to the event.**