



## Arkansas Christian Academy

### Non-ACA Student School Function Application

Guest attending a high school other than Arkansas Christian Academy must have this form completed by an **administrator at their school** to be able to attend any school function.

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@arkansaschristianacademy.org](mailto:highschool@arkansaschristianacademy.org)

**This form must be turned in by November 16, 2018**