



**Application for Admission**  
**Preschool through Sixth Grade**  
**2010-2011 School Year**

We appreciate your interest in enrolling your child at Agape Christian Academy. The school offers a curriculum that integrates the Word of God throughout your child's learning experience.

Please follow the instructions below for completing this step of the application process. Complete a separate application for each child. After we have received and reviewed your application, we will contact you to schedule a meeting and any appropriate assessments for your child.

Instructions:

1. Read and sign the *Foundational Beliefs and Statement of Faith*.
2. Review the Tuition Schedule.
3. Complete the *Application for Admission* and the *Parent Questionnaire* form.
4. Provide an application fee as specified in the Tuition and Fees Schedule. Make checks payable to: Agape Christian Academy. The application fee is \$60 per student if paid by May 31<sup>st</sup>. The application fee is \$75 per student if paid after May 31<sup>st</sup>.
5. Mail the completed application, signed *Foundational Beliefs and Statement of Faith* sheet and your application fee to:

Agape Christian Academy  
14220 Claridon Troy Road  
Burton, Ohio 44021

Thank you for your interest in Agape Christian Academy. If you have questions, please do not hesitate to contact Susan Gifford, Academy President at 440.834.8022.

For School Office Use Only:	
Date Received: ____/____/____	Application Fee Received: ____/____/____
Start Date: ____/____/____	
Notes:	

# Agape Christian Academy Application for Admission

The following information is needed for confidential school records. Please print when completing this form. Draw a line through or write "none" in the spaces that do not pertain to you so we will know that answers were not omitted – thank you.

## Applicant

Student's full name: \_\_\_\_\_

Name your child prefers to use: \_\_\_\_\_

Gender: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home phone: ( ) \_\_\_\_\_

School District of Residence: \_\_\_\_\_

Check this box if you are interested in receiving an application for financial aid.

## Applying for:

\_\_\_\_ **Preschool for Three/Four Year Olds:** Thursday and Friday, 8:30 a.m. to 11 a.m.

\_\_\_\_ **Preschool for Four/Five Year Olds:** Monday - Wednesday, 8:30 a.m. to 11 a.m.

\_\_\_\_ **Preschool for Four/Five Year Olds:** Monday - Wednesday, 11:45 a.m. to 2:15 p.m.

\_\_\_\_ **Kindergarten:** Monday - Friday, 8:30 a.m. to noon.

*Your child must be 5 years old by September 30 and complete a Kindergarten assessment*

\_\_\_\_ **First Grade**    \_\_\_\_ **Second Grade**    \_\_\_\_ **Third Grade**

\_\_\_\_ **Fourth Grade**    \_\_\_\_ **Fifth Grade**    \_\_\_\_ **Sixth Grade**

Full day classes are held Monday - Friday from 8:30 a.m. to 3:00 p.m.

## Applicant's Family

### Father/Guardian

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

Address: \_\_\_\_\_

Home phone: ( ) \_\_\_\_\_

Employer: \_\_\_\_\_

Work phone: ( ) \_\_\_\_\_

Cell phone: ( ) \_\_\_\_\_

E-mail address: \_\_\_\_\_

### Mother/Guardian

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

Address: \_\_\_\_\_

Home phone: ( ) \_\_\_\_\_

Employer: \_\_\_\_\_

Work phone: ( ) \_\_\_\_\_

Cell phone: ( ) \_\_\_\_\_

E-mail address: \_\_\_\_\_

### Brothers and Sisters

Name	Date of Birth	School Attending
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____

**Medical Information**

Does your child have any physical/medical limitations? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Has your child had a vision test? \_\_\_\_\_ Does he/she wear glasses? \_\_\_\_\_

Has your child had a hearing test? \_\_\_\_\_ Does he/she wear a hearing aid? \_\_\_\_\_

Does your child have any medical conditions or allergies? Describe: \_\_\_\_\_

\_\_\_\_\_

**Emergency Notification**

In case of serious illness or injury at school, whom shall we contact if you cannot be reached?

**First Choice:**

**Second Choice:**

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

Relation: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

**Academic Information**

Has your child previously attended any other school? \_\_\_\_\_ If so, where and for what grades? \_\_\_\_\_

\_\_\_\_\_ Yes \_\_\_ No Has your child repeated any grades? If yes, which? \_\_\_\_\_

\_\_\_\_\_ Yes \_\_\_ No Has your child had any psychological testing in reference to school performance?

\_\_\_\_\_ Yes \_\_\_ No Has your child ever been suspended?

\_\_\_\_\_ Yes \_\_\_ No Has your child ever been expelled?

\_\_\_\_\_ Yes \_\_\_ No Has your child ever been asked to withdraw?

If yes to any of the previous questions, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child have any special educational needs you are aware of? \_\_\_\_\_

If yes, please explain:

Has your child previously been home schooled? \_\_\_\_\_ If so, for what grades?

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Briefly describe your reasons for desiring a change:

Why would you like your child to attend Agape Christian Academy?

How did you find out about our school?

**Please Read Carefully**

Check here to allow us to print your family's contact information (home address, phone and e-mail) in the Agape Family & Staff Directory which is distributed only to Agape families.

From time to time we take pictures of students in various activities. Please check this box to give us permission to use pictures or video taken of your son/ daughter in Agape Christian Academy publications and/or news articles featuring the school.

I affirm that the information contained in this application is accurate to the best of my knowledge.

Father Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother Signature \_\_\_\_\_ Date \_\_\_\_\_

*Agape Christian Academy recruits and admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school administered programs.*

**Applicant Information  
Parent Questionnaire Regarding Child**

Child's Name: \_\_\_\_\_

Briefly describe your child, including his/her personality, interests, abilities, strengths and weaknesses.

How does your child relate to other children in a classroom or other social settings?  
At home?

Child's responsibilities at home are: \_\_\_\_\_

If your child is applying for Kindergarten or Preschool, is he/she independent in using the bathroom? \_\_\_\_ Yes \_\_\_\_ No

If not completely, please explain: \_\_\_\_\_

Child's habits that would be of interest to teachers: \_\_\_\_\_

Family fun activities your child enjoys: \_\_\_\_\_

Church-oriented activities child takes part in: \_\_\_\_\_

Church child attends: \_\_\_\_\_ Pastor: \_\_\_\_\_

Pets: \_\_\_\_\_

Does child take music lessons? \_\_\_\_\_ What instrument(s) and for how long?

What discipline do you use and find most effective with this child? \_\_\_\_\_

Do you consider your child to be obedient or one who takes special handling?

## ***Parent Questionnaire Continued***

Family problems or situations you feel the teacher should know about:

\_\_\_\_\_

Has your child ever received academic help (such as tutoring) or a modified curriculum? If so, please describe: \_\_\_\_\_

\_\_\_\_\_

What are your child's academic strengths? \_\_\_\_\_

\_\_\_\_\_

What are your child's academic weaknesses? \_\_\_\_\_

\_\_\_\_\_

Please list subjects that the student is functioning below level or having difficulty in:

\_\_\_\_\_

Does your child have any special education needs? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain on a separate sheet of paper.

Has your child ever been recommended for testing, tested and or diagnosed for any of the following conditions. Check all that apply. If any are checked, please explain the situation below giving specific information.

_____ Academically gifted	_____ Mental Retardation
_____ Attention Deficit Disorder	_____ Neurological Impairment
_____ Dyslexic	_____ Orthopedic Impairment
_____ Emotional Impairment	_____ Speech/Language Impairment
_____ Hearing Impairment	_____ Tourette's Syndrome
_____ Hyperactivity	_____ Visual Impairment
_____ Learning Disability	_____ Other: _____

Explanation: \_\_\_\_\_

\_\_\_\_\_

Does your child have any physical, emotional or learning problems that have not already been explained? \_\_\_\_\_

\_\_\_\_\_

Is there anything about your child that the teacher needs to know to understand him/her better? \_\_\_\_\_

\_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_