



## Application for Admission

### ***Preschool through Sixth Grade 2019-2020 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 or e-mail her at [agapeacademy@sbcglobal.net](mailto:agapeacademy@sbcglobal.net).

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; 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: \_\_\_\_\_

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

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

Check this box if you are interested in receiving an application for financial aid. (Grades 1-12)

Check this box if you are interested in intercampus bus transportation. (Grades K-12)

### 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.

\_\_\_\_ **Plus Kindergarten Enrichment:** (Immediately following Kindergarten) Monday-Friday, noon to 3:00 p.m.

*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**

*First Grade through Fourth Grade are held 8:30 to 3:00 at the Burton Campus. Fifth and Sixth Grade are held 8:05 to 3:00 at the Troy Campus.*

## 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 which 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?

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.*