



Application for Admission

Preschool through Sixth Grade 2023-2024 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 31st. The application fee is \$75 per student if paid after May 31st.
5. Return the completed application, signed *Foundational Beliefs and Statement of Faith* to the school by:

Mailing to: Agape Christian Academy
14220 Claridon Troy Road
Burton, Ohio 44021

OR Emailing to: enrollment@agapeco.com

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 agapecoacademy@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 August 31 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?

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.