



## Application for Admission

**Middle School and High School: Grades 7 through 12**  
**2024-2025 School Year**  
**Located at Agape's Troy Campus**  
**17791 Claridon Troy Road**

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. 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> or \$75 per student if paid after May 31<sup>st</sup>.
4. Complete the *Application for Admission*, *Parent Questionnaire*, and *Student Questionnaire* forms.
5. Return the completed *Application for Admission*, *Parent and Student Questionnaires*, and signed *Foundational Beliefs and Statement of Faith* to the school by

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

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 email her at [agapecoacademy@sbcglobal.net](mailto: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 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.

☐ Check this box if you are interested in intercampus bus transportation.

### Applying for:

\_\_\_\_ Seventh Grade      \_\_\_\_ Eighth Grade      \_\_\_\_ Ninth Grade      \_\_\_\_ Tenth Grade  
\_\_\_\_ Eleventh Grade      \_\_\_\_ Twelfth Grade

### Applicant's Family

#### Father/Guardian

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

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

\_\_\_\_\_

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

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

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

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

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

#### Step-Father (if applicable)

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: \_\_\_\_\_

#### Step-Mother (if applicable)

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

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

\_\_\_\_\_

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

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

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

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

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

Student lives with: \_\_\_\_\_

**Brothers and Sisters**

Name

Date of Birth

School Attending

_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____

**Medical Information**

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

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

\_\_\_\_\_

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: (    ) \_\_\_\_\_

Briefly describe your reasons for desiring Agape as your child's choice for Middle School or High School:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your family's academic goals for your child:

\_\_\_\_\_ College preparatory - would like my child to go on to college.

\_\_\_\_\_ We are interested in College Credit Plus.

\_\_\_\_\_ High school education, am not currently considering education beyond high school.

\_\_\_\_\_ We are interested in the Auburn Career Center.

### Academic History

List the schools your child has previously attended and the grades attended at those schools. If your child was homeschooled during his/her academic career, please indicate such: \_\_\_\_\_

\_\_\_\_\_

Grade point average if student is entering at Eighth Grade or above: \_\_\_\_\_

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

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

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

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

\_\_\_\_\_

### Additional Information

Does the family attend church: \_\_\_ Weekly \_\_\_ 2-3 times per month  
\_\_\_ Infrequently \_\_\_ Does not attend

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

Parents describe your relationship with Christ:

Dad: \_\_\_\_\_

Mom: \_\_\_\_\_

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.*



## 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 youth in a classroom or other social settings? At home?

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

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

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?

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

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:

## ***Parent Questionnaire Continued***

Please list subjects that the student is functioning above level in:

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

If yes, please explain:

Has your child ever had an IEP or 504 plan? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain:

Has your child ever been recommended for testing, tested and or diagnosed for any of the following. 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: \_\_\_\_\_

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

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

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



## Middle/High School Student Questionnaire

This questionnaire is to be completed by the student in his/her own handwriting.

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

1. Is it your personal desire to attend Agape Christian Academy? Why or why not?

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2. List your involvement in activities such as music, athletics, drama, clubs and/or other activities in your school, church or community

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3. What are your hobbies or ways you like to spend your free time?

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**For questions 4-6, please write a complete paragraph for each question.**

4. Describe a person you admire or who has influenced you a great deal and why:

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## ***Student Questionnaire Continued***

5. What do you enjoy about school?

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6. Describe your relationship with Christ:

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Please sign and date this form:

Name\_\_\_\_\_

Date\_\_\_\_\_