

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** ____ **Part-time Student** ____ **Full-time Student**

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: _____

Step-Father (if applicable)

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:

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: _____

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:** _____



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?

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

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

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:

Student Questionnaire Continued

5. What do you enjoy about school?

6. Describe your relationship with Christ:

Please sign and date this form:

Name _____

Date _____