### **Agape Christian Academy**



## Application for Admission

## Preschool through Sixth Grade 2025-2026 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. Return the completed application, signed *Foundational Beliefs and Statement of Faith* to the school by:

Mailing to: Agape Christian Academy Emailing to:

14220 Claridon Troy Road OR <u>enrollment@agapeca.com</u> 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.

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:// A	Address:
City: State: _	Zip: Phone: ( )
School District of Residence:	
□ Check this box if you are intereste	ed in receiving an application for financial aid. (Grades 1-12)
$\hfill\Box$ Check this box if you are intereste	ed in intercampus bus transportation. (Grades K-12)
Applying for:	
Preschool for Three/Four Year O	Plds: Thursday and Friday, 8:30 a.m. to 11 a.m.
Preschool for Four/Five Year Old	ds: Monday - Wednesday, 8:30 a.m. to 11 a.m.
Kindergarten: Monday - Friday, 8:	:30 a.m. to noon.
	nment: (Immediately following Kindergarten) Monday-Friday, noon to 3:00 p.m
	st 31 and complete a Kindergarten assessment
	Third GradeFourth GradeFifth GradeSixth Grade
First Grade through Fourth Grade are hat the Troy Campus.	held 8:30 to 3:00 at the Burton Campus. Fifth and Sixth Grade are held 8:05 to 3:00
	Applicant's Family
Father/Guardian	Mother/Guardian
Name:	Name:
Address:	Address:
Home phone: ( )	Home phone: ( )
Employer:	Employer:
Work phone: ( )	Work phone: ( )
Cell phone: ( )	Cell phone: ( )
F-mail address:	F-mail address:

Brothers and Sisters		Date of Pirth	Sahaal Attanding
Name		Date of Birth //	School Attending
			<del></del>
	<del> </del>	/	
	····	/	
Medical Information			
Does your child have ar	ny physical/me	edical limitations?	
If yes, please explain: _			
Has your child had a vis	sion test?	Does he/she wear g	glasses?
Has your child had a he	aring test?	Does he/she wear a	hearing aid?
Does your child have ar	ny medical cor	nditions or allergies? Desc	cribe:
Emergency Notificat			
	s or injury at s		ntact if you cannot be reached?
First Choice:		Second Choice:	
Name:			
Relation:		Relation:	
Home Phone: ( )		Home Phone: (	)
Work Phone: ( )		Work Phone: ( )	
Cell Phone: ( )		Cell Phone: ( )_	
Academic Information	n .		
Has your child previous	ly attended an	ny other school? If	so, where and for which grades?
Yes No H	as your child	repeated any grades? If y	res, which?
	as your child o	ever been suspended?	
Yes No H	1.71.1		
	as your child	ever been expelled?	
Yes No H	•	ever been expelled? ever been asked to withdr	raw?

If yes, please explain:	eds you are aware or?
Has your child previously been home schooled?	
Briefly describe your reasons for desiring a change	ge:
Why would you like your child to attend Agape C	hristian Academy?
How did you find out about our school?	
I affirm that the information contained in this appl	lication is accurate to the best of my knowledge.
Father Signature	Date
Mother Signature	

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.

## **Agape Christian Academy**



## Parent Questionnaire Regarding Child

Child's Name:
Return to Burton Campus at 14220 Claridon Troy Road, Burton Ohio 44021 or email to enrollment@agapca.com
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 instruments(s) and for how long?
What discipline do you use and find most effective with this child?

Shaping young minds and souls: 14220 Claridon Troy Road: Burton, OH 44021: www.agapeca.com: 440.834.8022

Family situations you feel the teacher should know about:		
Has your child ever received academic	c help (such as tutoring) or a modified curriculum? If so, please describe:	
What are your child's academic streng	ths?	
What are your child's academic weakn	esses?	
Please list subjects that the student is	functioning below level or having difficulty in:	
Does your child have any special educ	ation needs? Yes No	
If yes, please explain on a separate sh	eet of paper.	
	ed for testing, tested and or diagnosed for any of the following conditions. Check se 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, em	otional 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:	