



## APPLICATION FOR ADMISSION

### QUALIFICATIONS FOR APPLICANTS

At Agape Christi Academy, we seek to work in concert with like-minded families who share our vision for raising children in the nurture and admonition of the Lord. Therefore, all applicants for admission, unless given special exception by the Headmaster and Board, must meet the qualifications listed below:

1. At least one parent must be baptized in the name of the Father, Son, and Holy Spirit either as an infant or as a professing Christian.
2. This parent must be an active member or regular attendee in good standing of a local church.

### PRIORITY ADMISSION

1. Applicants will be prioritized for admission based on the measure of adherence to the vision of Agape Christi Academy, the character of the student, and the commitment of the family to be active members of the Corporation. We strongly recommend applicants read our Vision/Mission Statement, Statement of Faith, and Philosophy of Education before applying (available online or from our office.)
2. Additionally, transfer applicants for admission will also be evaluated on an academic basis through achievement tests, report cards, teacher referral, and a placement exam. At this time, we do not have the resources to accommodate students with severe learning disabilities.

### AVAILABLE PROGRAMS

1. Preschool– Students attend regular school hours two days a week.
2. Kindergarten– Students attend regular school hours three days a week.
3. Grades 1-9– Students attend regular school hours five days a week.
4. Grades 10-12- Students attend based on the schedule for specific classes chosen.

### ADMISSIONS PROCESS

1. Upon return of a completed application, an interview with the family will be arranged and a placement test given to the student. The placement test is intended to determine the most appropriate entry-grade suitable for the student's success.
2. Applicants will receive notification by mail of the outcome of the application within thirty days of the interview and placement testing. If accepted, the parents will receive an Acceptance Letter.
3. Accepted families may complete the Enrollment Contract (found on the back page of the School/Family Covenant) and submit with a \$250 non-refundable Annual Enrollment Fee per student through April 1<sup>st</sup>, or \$400 thereafter. The enrollment fee holds the student's seat.



## APPLICATION FOR ADMISSION

Academic year \_\_\_\_\_

### STUDENT INFORMATION

Name of Student \_\_\_\_\_  
(Last) (First) (Middle)

Applying for Grade \_\_\_\_ Sex \_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of Student \_\_\_\_\_  
(Last) (First) (Middle)

Applying for Grade \_\_\_\_ Sex \_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of Student \_\_\_\_\_  
(Last) (First) (Middle)

Applying for Grade \_\_\_\_ Sex \_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### CONTACT INFORMATION

Name of Father \_\_\_\_\_

Employer \_\_\_\_\_

Position \_\_\_\_\_

Employment Address \_\_\_\_\_  
\_\_\_\_\_

Email \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name of Mother \_\_\_\_\_

Employer \_\_\_\_\_

Position \_\_\_\_\_

Employment Address \_\_\_\_\_  
\_\_\_\_\_

Email \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

School District \_\_\_\_\_ County \_\_\_\_\_

**If a parent resides at a different address than above, please provide here:**

Name of Parent \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Grandparent Information: For Newsletter Mailing**

Father's Parents \_\_\_\_\_

Mother's Parents \_\_\_\_\_

Home Address \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

**Other Siblings Not Applying to Agape Christi Academy:**

Name \_\_\_\_\_

DOB \_\_\_\_\_

School \_\_\_\_\_

Name \_\_\_\_\_

DOB \_\_\_\_\_

School \_\_\_\_\_

Name \_\_\_\_\_

DOB \_\_\_\_\_

School \_\_\_\_\_

**CHURCH AFFILIATION** *A pastor reference must also be submitted.*

Name of Church \_\_\_\_\_

Denomination \_\_\_\_\_

Church Address \_\_\_\_\_

Pastor \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Church Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Parents Baptized Y \_\_\_ N \_\_\_ Members Y \_\_\_ N \_\_\_

Describe your involvement at this church: \_\_\_\_\_

\_\_\_\_\_

Describe your relationship to Jesus Christ:

Father's Response \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mother's Response \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EDUCATIONAL BACKGROUND** *A teacher reference must also be submitted for each applicant.*

**For each applicant, please list the school last attended or presently attending:**

	Name of School	Grade	School Address	Reason for Leaving
1.				
2.				
3.				
4.				

Please answer for each applicant:

What are your child’s academic interests, abilities, and strengths?

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What concerns do you have regarding your child’s current progress (academic, behavioral, or physical health)?

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Agape Christi Academy is not staffed to handle students with severe learning disabilities or those who have behavioral problems. For your child’s best interest, please be candid when answering the following questions. (If you are applying for more than one child, please answer for each one.)

1. Has your child ever failed or repeated a grade? (Circle) Yes No
2. Has your child ever skipped a grade? (Circle) Yes No
3. Has your child ever been suspended or expelled? (Circle) Yes No
4. Has your child ever had discipline for attendance/tardiness problems? (Circle) Yes No
5. Has your child ever been involved with legal problems or been arrested? (Circle) Yes No
6. Does your child have any medical condition or handicap that might affect his/her school experience? (Circle) Yes No
7. Has your child ever been tested, diagnosed, or enrolled in any special education program or special school? (Circle) Yes No

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

### EDUCATIONAL PHILOSOPHY

1. How did you hear about Agape Christi Academy? \_\_\_\_\_
2. Have you read the following Agape Christi documents? *Check if yes. Documents available at agapechristi.com.*

<input type="checkbox"/> Vision/Mission Statement	<input type="checkbox"/> Statement of Faith	<input type="checkbox"/> Philosophy of Education	<input type="checkbox"/> Lost Tools of Learning
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3. What are your top two reasons for wanting your child(ren) to attend Agape Christi Academy?
 

Reason #1 \_\_\_\_\_

Reason #2 \_\_\_\_\_
4. What is the primary purpose of education? \_\_\_\_\_
5. What is the parents’ role in education? \_\_\_\_\_
6. Should a grade “C” be a cause for praise if a student is working to the best of his potential? Why or why not? \_\_\_\_\_

## STEPS TO COMPLETION

To complete this application, please include the following:

*These items may be submitted at a later date, however, the application will not be processed until received.*

- A check for \$35 if submitting application after March 1<sup>st</sup>
- Pastor Reference
- Student Questionnaire (to be completed by students entering grades 4 and higher)
- Teacher Reference (for non-homeschooled transfer students)
- A copy of the student's most recent achievement scores
- Report cards from the most recent quarter and the previous school year

Applications can be returned by mail to the school office address or to [admissions@agapechristi.com](mailto:admissions@agapechristi.com)

## PARENT SIGNATURES

*I certify that this application is correct.*

Father's Signature \_\_\_\_\_

Date \_\_\_\_\_

Mother's Signature \_\_\_\_\_

Date \_\_\_\_\_





## STUDENT QUESTIONNAIRE

Name of Student \_\_\_\_\_

**For students entering grade 4 and higher, please use your best handwriting and answer each question honestly in the space provided. Parents may assist as needed.**

1. Why do you want to attend Agape Christi Academy? \_\_\_\_\_

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2. What are your current extracurricular involvements? \_\_\_\_\_

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3. List the academic subject(s) of greatest interest to you. \_\_\_\_\_

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4. List the academic subject(s) of least interest to you. \_\_\_\_\_

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5. Name two books you have especially enjoyed reading in the last year. Why do you like them? \_\_\_\_\_

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6. List your three favorite movies. Why are they your favorites? \_\_\_\_\_

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7. What types of activities do you enjoy with your family? \_\_\_\_\_

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8. Describe your favorite teacher. Why has this person made such a strong impression on you? \_\_\_\_\_

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### PASTOR REFERENCE

The student named below is an applicant for enrollment at Agape Christi Academy. We are a non-denominational, parent/board-run Christian school seeking to assist parents in their responsibility to educate children in the nurture and admonition of the Lord.

We would greatly appreciate your willingness to complete this referral form and return it to the school. All responses will be treated with complete confidentiality and will be used only in serving the family as part of our school community.

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Pastor Name \_\_\_\_\_ Church Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Church \_\_\_\_\_ Church Address \_\_\_\_\_

*Considering the family as a whole, please checkmark:*

Church Relationship:	Church Attendance:	Financial Contribution:	Christian Commitment:
<input type="checkbox"/> Members in good standing <input type="checkbox"/> Not members but exhibit commitment <input type="checkbox"/> Visiting	<input type="checkbox"/> Regularly <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely	<input type="checkbox"/> Tithes Regularly <input type="checkbox"/> Tithes Occasionally <input type="checkbox"/> Tithes Rarely <input type="checkbox"/> Unknown	<input type="checkbox"/> Evident and beyond question <input type="checkbox"/> Some evidence of commitment <input type="checkbox"/> No evidence of commitment

Have any members of the family held a leadership position in the church? Please describe: \_\_\_\_\_

Has the family used any special talents within the church body? Please describe: \_\_\_\_\_

Detail the family's regular involvement in church activities. \_\_\_\_\_

Do you consider the student open to spiritual instruction? \_\_\_\_\_

Do you recommend this student for admission to Agape Christi Academy? \_\_\_\_\_

How long have you known the student and his/her family? \_\_\_\_\_

Are you related to the student? \_\_\_\_\_

*Please use the back of this form or an attached sheet for any other comments you would like to make.*

Pastor's Signature \_\_\_\_\_ Date \_\_\_\_\_



### TEACHER REFERENCE

The student named below is an applicant for enrollment at Agape Christi Academy. We would greatly appreciate your willingness to complete this referral form and return it to the school. All responses will be treated with complete confidentiality and will be used only in serving the family as part of our school community.

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Teacher Name \_\_\_\_\_ Teacher Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

School \_\_\_\_\_ School Address \_\_\_\_\_

How long have you known the student? In what capacity? \_\_\_\_\_

\_\_\_\_\_

**On a scale of 1-10, 10 being the highest:**

How well behaved is the student?

1    2    3    4    5    6    7    8    9    10

How mature is the student for his/her age?

1    2    3    4    5    6    7    8    9    10

How respectful is the student towards:

Adults/Teachers: 1    2    3    4    5    6    7    8    9    10

Peers: 1    2    3    4    5    6    7    8    9    10

Would you consider this person to be an excellent, moderate, or poor student? How motivated is he/she? Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In your opinion, is this student working up to his/her potential? \_\_\_\_\_

Do you have any reason to suspect this student has a learning disability? \_\_\_\_\_

\_\_\_\_\_

When interacting with peers, does this student tend to be more shy or outgoing? Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Please use the back of this form or an attached sheet for any other comments you would like to make.*

Teacher's Signature \_\_\_\_\_ Date \_\_\_\_\_