



AGAPE

CHRISTIAN ACADEMY

ENROLLMENT APPLICATION

Date of Application _____ / _____ / _____

Student ID # _____

Student Name: _____

Parent's Names: _____

Student's Email Address: _____ Grade to enter: _____

Social Security #: _____ Age: _____ Date of Birth: _____

Mailing Address: _____ Street Address _____

City: _____ State: _____ Zip: _____

Home Phone (_____) _____ Emergency Phone (_____) _____

Father's Name: _____ Email Address: _____

Mother's Name: _____ Address: _____

Marital Status: _____ Married _____ Separated _____ Widowed _____ Divorced

Student Lives with _____ Both Parents _____ Mother _____ Father _____ Other

Other children in family (names & ages): _____

RELIGIOUS INFORMATION

Church presently attending: _____

Pastor: _____ Phone No: (_____) _____

MEDICAL INFORMATION

Family Physician: _____ Phone No: (_____) _____

Does the student have any physical disabilities or allergies? _____ Yes _____ No

If yes, please explain: _____

What medicines is your child taking at present _____

SCHOLASTIC INFORMATION

Has student ever been expelled, dismissed, suspended or refused admission to another school?

_____ Yes _____ No

If yes, please explain: _____

Has student ever been in trouble with the law? _____ Yes _____ No

If yes, please explain: _____

Has student ever used drugs, liquor or tobacco in any form? _____ Yes _____ No

Please indicate academic level of your child's previous work:

_____ Excellent _____ Good _____ Fair _____ Poor

Has student ever been retained in a grade? _____ Yes _____ No If yes, what grade? _____

What do you think is your child's strongest academic subject _____

What is your child's greatest academic need? _____

What future goals and purposes do you have for your child _____

How did you hear about our school? _____

Why did you select this school for your child? _____

This educational ministry is not a corrective institution; please do not enroll you child with the idea that we will reform him/her. We are here to work with the home, but not to take the place of parents who have failed their task.

AGREEMENT: In full cooperation with the school policies, we sincerely pledge our loyalty and support to the aims and ideals of the school in the education and discipline of our child in meeting all requirements instituted by the administration. I have read the school educational Handbook and understand and agree to the terms stated.

Father's Signature Date

Date

Mother's Signature Date

Date

**AGAPE CHRISTIAN ACADEMY
STANDARD OF CONDUCT AGREEMENT FORM
PARENT'S AGREEMENT**

I have read the **AGAPE CHRISTIAN ACADEMY HANDBOOK** and do hereby approve of all policies, and will cooperate to the best of my ability to help my child follow them. I fully support the code of Christian Ethics, the Educational and Disciplinary Standards and Judgment of the school.

I hereby authorize the school to telephone my physician and to follow his instructions if I am unable to be reached. If it is impossible to reach the physician in my absence, the school may make whatever arrangements are necessary.

I hereby pledge to pay my financial obligations to the school on the dates due and understand that late fees will be assessed when payment has not been made on time.

I give my permission for my child to participate in ALL school activities including sports and school sponsored trips away from the school. Also to participate in the ACE STATE and NATIONAL CONVENTIONS, and absolve the school from any liability to me or my child because of any injury to my child at school activity.

I agree to uphold and support the high academic standards of the school by providing a place at home for my child to study at least one hour per night of quiet supervised study, and to give my child encouragement in the completion of all homework, reports, Bible and other assignments.

I appreciate the spiritual standards of the school and DO NOT TOLERATE profanity, dishonor towards God or His word, obscenity in word or action, disrespect to the personnel of the school or to parents. I do not allow my child to play, listen to or participate in ungodly music. I hereby agree to support all regulations of the school for my child and authorize the school to employ such discipline, as it deems wise and expedient for the training of my child.

I agree to help my child live for the Lord at home, at school and at church by faithfully attending _____ church at least one time a week, having daily family devotions with my child at home, helping my child memorize the Word of God, refraining from immoral conduct and harmful media.

Father's Signature

Date

Mother's Signature

Date

STUDENT'S AGREEMENT

As a student of AGAPE CHRISTIAN ACADEMY OF MOORE HAVEN, I pledge to uphold the standards designated in the GUIDELINES and will cooperate in every way to make my enrollment as profitable as possible.

I will maintain the following Christian standards without reservation at home, at school, at church and in all walks of life:

1. To maintain Christian standards and attitudes of honesty, courtesy, morality and kindness at all times.
2. To dress modestly, neatly and appropriately at all times.
3. To refrain from swearing, smoking, indecent language, gambling, dancing, drinking, illegal drugs, ungodly music, and harmful TV programs.
4. To have daily private and family devotions and to faithfully attend _____ at least one time a week.

Student's Signature

Date

AGAPE CHRISTIAN ACADEMY PUBLICATION-WEBSITE PICTURE PERMISSION FORM

Please fill out and sign the appropriate statement to either give or to decline permission to use pictures of your children on the school/church website and/or for other school/church publicity.

To GRANT permission to use your child/children's pictures

I, _____ (Please print your name) GRANT permission for Agape Christian Academy/Centro Misionero Agape to publish photos of my child(ren), _____ (Please print child or children's names) in the school/church's various forms of publications, or on the church's various websites. I give Agape Christian Academy/Centro Misionero Agape the perpetual, royalty-free right to use my photo(s) in any manner including but not limited to publications and websites.

I understand that both the various publications and websites have a large audience and my child's photo will be available to the general public. I further understand that Agape Christian Academy/Centro Misionero Agape assumes no liability or responsibility whatsoever concerning any consequences of such use.

I further state that I have the right to give this permission as I am the child's parent or legal guardian. I understand that if I give notice to the Publications Director or to the webmaster that I object to any particular picture on the website, it will be removed as soon as possible.

SIGNED _____

Dated ____/____/____

To REFUSE permission to use your child/children's pictures

I, _____ (Please print your name) REFUSE to grant permission for Agape Christian Academy/Centro Misionero Agape's various publications and websites. I further state that I have the right to refuse this permission as I am the child's parent or legal guardian.

SIGNED _____ Dated ____/____/____

IN CASE OF AN EMERGENCY

IN CASE OF AN ACCIDENT OR SERIOUS ILLNESS, I REQUEST THE SCHOOL TO CONTACT ME. IF THE SCHOOLS IS UNABLE TO REACH ME, I HEREBY AUTHORIZE THE SCHOOL TO CALL THE PHYSICIAN INDICATED BELOW AND TO FOLLOW HIS INSTRUCTIONS. IF IT IS IMPOSSIBLE TO CONTACT THIS PHYSICIAN, THE SCHOOL MAY MAKE WHATEVER ARRANGEMENTS ARE NECESSARY AND I DO NOT HOLD THE SCHOOL FINANCIALLY RESPONSIBLE.

LIST BELOW PERSONS THAT YOU GIVE PERMISSION TO PICK UP YOUR CHILD:

LIST BELOW PERSONS WHO MIGHT ASSUME TEMPORARY CARE OF YOUR CHILD IF YOU CANNOT BE REACHED:

Please provide 3 references that can vouch for the character of the prospect student. (Previous professors, Pastor, coach, etc)

1 _____

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____ Occupation _____

2

Name			Phone	
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Address	City	State	Zip	Occupation
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3

Name			Phone	
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Address	City	State	Zip	Occupation
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Must accompany this application:

- Application fee
- Latest report card and transcripts
- Copy of Social Security card
- Copy of Birth Certificate
- Copy of Florida I.D.
- Updated medical records



24068 US HWY 27
MOORE HAVEN, FL. 33471

RECORDS REQUEST FORM

THE FOLLOWING STUDENT HAS ENROLLED IN AGAPE CHRISTIAN ACADEMY.

_____	_____	_____
NAME OF STUDENT	GRADE	DATE OF BIRTH
_____	_____	_____
NAME OF FORMER SCHOOL	ADDRESS OF FORMER SCHOOL	
_____	_____	_____
CITY	STATE	ZIP CODE

PLEASE RELEASE THE FOLLOWING AS SOON AS POSSIBLE:

- _____ TRANSCRIPT OF GRADES AND ATTENDANCE (including grades to date of withdrawal)
- _____ CUMULATIVE FOLDER AND FLORIDA STUDENT I.D. NUMBER
- _____ PSYCHOLOGICAL RECORDS
- _____ HEALTH RECORDS (Immunizations/shot Record)
- _____ FLORIDA SCHOOLS PLEASE SEND FLORIDA STATE ASSESSMENT RESULTS
- _____ TEST SCORES

PLEASE SEND RECORDS TO:

Mail:

AGAPE CHRISTIAN ACADEMY
24068 US HWY 27
MOORE HAVEN, FL. 33471

Fax:

(863) 946 - 1899