



RE-ENROLLMENT APPLICATION

Date of Application _____ / _____ / _____
Student ID # _____

Student Name: _____
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: _____ Email Address: _____
Marital Status: _____ Married _____ Separated _____ Widowed _____ Divorced
Student Lives with _____ Both Parents _____ Mother _____ Father _____ Other
Other children in family (names & ages): _____

**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

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:

_____	Phone#	_____
_____	Phone#	_____