

2018 - 2019 STUDENT ENROLLMENT APPLICATION

Instructions: This application is to be completed by the child's parent or legal guardian. If the child has two parents, both must initial and sign where prompted. Indicate N/A for any areas that are not applicable. Application will be reviewed by an administrator and a school representative will contact the parent or legal guardian to notify of decision.

STUDENT

Full Name	Date of Birth
Home Address	Home Phone

MOTHER

FATHER

Full Name		Full Name	
Mailing Address (if different than student's)		Mailing Address (if different than student's)	
Email Address	Mobile Ph. No.:	Email Address	Mobile Ph. No.:
Work Ph. No.:	Mobile Carrier:	Work Ph. No.:	Mobile Carrier:

LEGAL GUARDIAN

LEARNING DISABILITIES

Full Name		Does the student have any learning disabilities or require special education services? If so, please explain and attach supporting documents.
Mailing Address (if different than student's)		
Email Address	Mobile Ph. No.:	
Work Ph. No.:	Mobile Carrier:	

Last school attended (Name & Address): _____

Has student repeated any grade? _____ Which grade? _____

Please attach copy of child's last report card.

HOURS OF OPERATION

I understand this facility's normal hours of operation are Monday through Friday, 7:15 am to 5:30 pm. I understand my child is to be picked up by 3:45 pm and Extended Care is available from 3:45 pm to 5:30 pm for an additional fee.

Initial: _____ Initial: _____

PARENT AGREEMENT

I/We consider it a privilege to enroll my/our child at Agape Christian School, and I/we desire to partner with the school in the total education of my/our child, both academically and spiritually. Furthermore, I/we pledge to support the policies, principles, practices, and procedures of Agape Christian School, including, but not limited to, the Student & Parent Handbook, Mission Statement, Statement of Faith, and Values Statement. In consideration of Agape Christian School accepting my/our child as a student, I/we understand and agree that as parents of a child enrolled at Agape Christian School, I/we will abide by Christian principles as set forth in the Bible in Matthew 18:15-20 and I Corinthians 6:1-8. I/we further agree that if any dispute arises out of or related to this agreement or my/our relationship or connection whatsoever as a student, parent or other association with Agape Christian School, whether based on contract, tort, statutory, equity, or otherwise, my/our SOLE AND EXCLUSIVE REMEDY is to withdraw my/our child from Agape Christian School and receive a refund for any unused tuition (excluding registration, instructional, and building fees).

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

ADMINISTRATOR USE ONLY

Approval Date _____	Denial Date _____	Reason: _____
Administrator Signature _____		
Withdrawal Date _____	Withdrawn By (Office Staff): _____	
Reason: _____		



2018 – 2019 FEE SCHEDULE

Registration: February & March \$150.00 (Returning Families)
 February & March \$175.00 (New Families)*
 After March \$185.00
 *New Families: Instructional fees are due at time of registration.

Annual Tuition: (18 months through 7th grade)
 1st Tuition payment due June 1st then, August – April every 1st of the month

First Child\$4,250.00 \$425.00 per month
 Each Additional Child\$4,000.00 \$400.00 per month

***Instructional Fee: Due May 1st**
 Preschool (18 months – PK 4).....\$ 275.00 per year/per child
 Elementary (Kinder-7th grade)\$ 450.00 per year/per child

Building Fees: Fall (Due September 1st)\$ 100.00/per child
 Spring (Due February 1st)\$ 100.00/per child

Extended Daycare: First Child\$ 6.00 a day
 Each additional Child\$ 4.00 a day

ANNUAL TUITION payment can be paid in full or in 10 installment payments.
 (10 installment payments are due by the 1st of each month. A \$35.00 Administrative Late fee will be added after for payments received after the 5th of the month.)

5% DISCOUNT if tuition is paid in full by June 1st.
 (Siblings discount cannot be combined with 5% tuition discount)

Extended Daycare: Beginning on the first day of class, extended daycare will be available from 3:45-5:30pm for the above listed additional fees. An additional \$30.00 late fee will be charged for every 15 minutes or portion thereof if a child is not picked up by 5:30pm.

School Yearbook: \$30.00

Ask about referral discount in the office.

All fees and payments are non-refundable. Payment terms, fee amounts and tuition payments are subject to change annually.

 Parent/Guardian Signature

 Date

 Parent/Guardian Signature

 Date

Child Name: _____	Date of Birth: _____
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STUDENT & PARENT HANDBOOK

I affirm that I have received the Agape Student and Parent Handbook and consent to submit to all governing policies of the school as indicated in the handbook. I understand that the standards of the school do not tolerate profanity, obscenity in word or action, dishonor to the Holy Trinity and the Word of God, disrespect to the personnel of the school, or continued disobedience to the established policies of the school. I understand that the services of the school are engaged by mutual consent, and that either the school or I reserve the right to terminate any or all services at any time. I understand that this handbook does not contractually bind Agape Christian School and is subject to change without notice by decision of Agape's governing body. Admission to the school is a privilege, not a right, and admission for one school year does not guarantee automatic admission for future school years.

Initials _____ Initials _____

PARENT COOPERATION

Agape Christian School's educational mission involves working with the home in the overall Christian education of students. On occasion, this cooperation between the school and home may become difficult. To avoid such situations, the school requires parents enrolling their children or re-enrolling their children to affirmatively support and cooperate with the school.

As a parent:

I agree to support the school with my prayers and with a positive attitude. Complaints or negative comments will be shared only with the teacher, administrator, or person involved and not with my child or other people, following the Matthew 18 principle as stated in the Student & Parent Handbook. I understand that if at any time the school determines, in its sole discretion, that my actions do not support the ministry, or reflect a lack of commitment to the home and school working together, the school has the right to request the withdrawal of my child(ren).

We have read the Agape Christian School Student and Parent Handbook as well as the Parent Cooperation Policy above and agree to abide by the procedures and policies herein.

Initials _____ Initials _____

VALUES STATEMENT

Agape Christian School stands firmly upon the historical truth claims and moral foundations of Christianity. This includes, but is not limited to, the biblical definition of marriage, the attendant boundaries of sexuality and moral conduct, and the clear biblical teaching that gender is both sacred and established by God's design. By initialing below, the parent(s) or guardian(s) who choose to enroll their children at Agape Christian School agree to support these and other basic biblical values derived from historical Christianity. The parent(s) or guardian(s) understand and agree that Agape Christian School will teach these principles and biblical values. In addition, the Board of Directors urges parents to recognize their scriptural responsibility (Deuteronomy 6:1-9, Psalm 78:5,6, Proverbs 22:6) to provide their children with a Christian education and to understand that the primary responsibility for this task rests with the parents (Ephesians 6:4). Agape Christian School was founded and continues to operate upon biblical values and the desire and commitment for Bible-believing Christian parents to enroll their children in an intentionally Christian environment. Agape Christian School will consider admission for students from any family who, despite their religious background or beliefs, is willing to support this school's philosophy of Christian education, student conduct requirements, and the school's above-stated positions and who is willing to allow their children to be educated and influenced in an intentionally Christian environment. Continued enrollment at Agape Christian School is contingent upon this same understanding and support.

Initials _____ Initials _____

STATEMENT OF FAITH

We believe the Bible to be the inspired, only infallible, authoritative, inerrant Word of God. We believe there is one God, eternally existent in three persons – Father, Son, and Holy Spirit. We believe in the deity of Christ, His virgin birth, His sinless life, His miracles, His vicarious and atoning death, His resurrection, His ascension to the right hand of the Father and His personal return in power and glory. We believe in the absolute necessity of regeneration by the Holy Spirit for salvation because of the exceeding sinfulness of human nature and that men are justified on the single ground of faith in the shed blood of Christ and that only by God's grace and through faith are we saved. We believe in the resurrection of both the saved and the lost; that they are saved unto the resurrection of life and they that are lost unto the resurrection of damnation. We believe in the spiritual unity of believers in our Lord Jesus Christ. We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life.

Initials _____ Initials _____

Parent Signature: _____

Parent Signature: _____

Date: _____

Date: _____

Child Name: _____	Date of Birth: _____
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PHOTO RELEASE

Both parents and/or legal guardians must initial and sign (where applicable)

The law requires that before Agape Christian School may make a videotape of any child or record the voice of any child or authorize the videotaping or video recording of any child, it must first obtain the consent from the child's parents or guardians. The only time when the law does not require Agape Christian School to obtain consent before making a videotape of a child or authorize the recording of a child without the consent from the child's parents is if the videotape or voice recording is to be used only for the following purposes:

1. Purpose of safety, including the maintenance of order and discipline in the common areas of the school or on school buses, or
2. A purpose related to a co-curricular or extracurricular activity, or
3. A purpose related to a regular classroom instruction.

We/I give consent to Agape Christian School, its agents, servants, or employees to use my child's name, picture, and comments in material such as television, video, printed media and authorize any news media organization to make an audio or videotape of my child for school related purposes including, but not limited to, such instances as:

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. Classroom parties, student banquets, or other similar events 2. Student assemblies 3. Student yearbooks 4. Participation in sporting events and other ACSI competitions 5. Participation in choir, school programs, or other student activities | <ol style="list-style-type: none"> 6. Promote school programs 7. Recruit new students 8. Dispense public information 9. School website 10. Social Media (Facebook, Instagram, YouTube) |
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Initial _____	Initial _____
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FIELD TRIPS AND TRAVEL

Both parents and/or legal guardians must initial and sign (where applicable)

I give permission for my child to participate in school field trips.

Initial _____	Initial _____
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I give permission for my child to travel to and from school sponsored events supervised by school employees.

Initial _____	Initial _____
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I hereby absolve Agape Christian School of liability in the event that my child is injured at school or during any school activity.

Parent Signature _____

Parent Signature _____

STUDENT MEDICAL INFORMATION

IMMUNIZATIONS <i>Check all that apply</i>	Child Name: _____	Date of Birth: _____	
	<input type="checkbox"/> My child's immunization record is on file at this school.		
	<input type="checkbox"/> All required immunizations and/or tuberculosis test are current.		
	<input type="checkbox"/> Vision and hearing screening records are on file at this school.		
	<input type="checkbox"/> I am providing this school with a copy of my child's most current immunization record		
<input type="checkbox"/> I am providing an Exemption from Immunizations for Reasons of Conscience Affidavit Form for my child.			
INFORMATION	Give the name, address, and phone number of a person to call in case of an emergency if parents/guardian cannot be reached.		
	Name: _____	Address: _____	
	Relationship to Student: _____	Phone: _____	
	In the event I cannot be reached to make arrangements for emergency medical care, I the person in charge to take my child to:		
	Name of Physician: _____	Address: _____	Phone #: _____
Name of Emergency Medical Hospital: _____		Address: _____	Phone #: _____
I give consent for Agape Christian School to secure any and all necessary emergency medical care for my child.			
_____		_____	
Parent or Legal Guardian Signature		Date	
ALLERGIES/MEDICATIONS	List any special problems your child may have such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which staff should be aware of. Indicate N/A if not applicable.		
PICK UP AUTHORIZATION	List the name, telephone #, and relationship of up to three persons you authorize to pick up your child other than you and your spouse.		
	MUST PRESENT PROPER IDENTIFICATION UPON ARRIVAL.		
	Name/Relationship: _____	Telephone: _____	
	Name/Relationship: _____	Telephone: _____	
	Name/Relationship: _____	Telephone: _____	

Parent/Legal Guardian Signature

Date

HEALTHCARE PROFESSIONAL'S STATEMENT

Child Name:	Date of Birth:
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#1 HEALTH CARE PROFESSIONAL STATEMENT: I have examined the above named child

within the past year and find he/she is able to take part in Agape Christian School's program.

<i>Health Care Professional Printed Name</i>	<i>Health Care Professional's Signature</i>	<i>Date</i>
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#2 A signed and dated copy of a health care professional's statement is attached.

#3 Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.

#4 My child has been examined within the past year by a health care professional and is able to participate in Agape Christian School's program. Within 12 months of admission, I will obtain a healthcare professional's signed statement and will submit it to this school.

Name and address of healthcare professional:
