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AGAPÉ JR ACADEMY APPLICATION
Welcome!

Infectious Diseases

Policy

Agapé Jr Academy has a responsibility to help control diseases on the campus. We will:

- ✚ Send home students who are sick. Children with a temperature will not remain at school. They must be fever free for 24 hours and accompanied by a medical doctor's note.
- ✚ Abide by the State and the Center for Disease Control (CDC) legislative requirements for all schools.
- ✚ Support washing of hands with soap and water and the use of hand sanitizer with an ethyl alcohol base of 70 % or higher.
- ✚ Ensure provisions are in place to securely manage body fluids.
- ✚ Make certain that all students are up-to-date with their immunization.
- ✚ Teach young children to cover their mouth and nose when blowing their nose, coughing and sneezing.
- ✚ Promote proper use and disposal of tissue.
- ✚ Admit students who dressed in protective gear: mask, facial shield, wipes, and gloves.
- ✚ Volunteers and visitors will submit to a temperature check before given permission to enter the building.

If a student was exposed to someone with an infectious disease and is symptomatic do not send child to school. Students' temperature will be taken twice daily. There will be no sharing of food among student.

Application For Admission K-8

Affix Picture Here

Office Use Only

Application Form _____
Birth Certificate _____
Financial Form _____
Health Record _____
Interview _____
Recommendation _____
Registration Fee _____
Records Transfer _____

DATE: _____

JUPITERGRADES #:

Office Use Only

ENTRANCE DATE:

Office Use Only

EXIT DATE: _____

Office Use Only

FAMILY INFORMATION - PART 1

FAMILY NAME: _____	FATHER'S NAME: _____	MOTHER'S NAME: _____
Mailing Address: _____		
City: _____ State: _____ Zip Code: _____		
FATHER'S TELEPHONE: () _____	MOTHER'S TELEPHONE: () _____	EMERGENCY TELEPHONE: () _____
FIRST TIME REGISTERING: YES: _____ NO: _____	E-MAIL: _____ Please Print Mother: _____ Please Print Father: _____ Please Print	

Student Name: _____

PROSPECTIVE STUDENT INFORMATION - PART 2

CHILD'S NAME:	GENDER: (Check One)	DATE OF BIRTH	GRADE TO WHICH CHILD IS APPLYING (Circle One)
LAST NAME: ----- _____	MALE: -----	Month: -----	K
FIRST NAME: ----- _____	FEMALE: -----	Date: -----	GR. 1 GR. 5
		Year: -----	GR. 2 GR. 6
			GR. 3 GR. 7
			GR. 4 GR. 8

CURRENT SCHOOL INFORMATION - PART 3

K Current Grade (Circle One) GR. 1 GR. 5 GR. 2 GR. 6 GR. 3 GR. 7 GR. 4 GR. 8	CURRENT SCHOOL NAME: ----- CURRENT SCHOOL MAIL ADDRESS: ----- City: ----- State: ----- Zip Code: ----- CURRENT SCHOOL PHONE #: ----- FAX: () -----
CURRENT SCHOOL TRANSCRIPT (REQUIRED) (Check One) AVAILABLE: ----- NOT AVAILABLE: ----- HOME SCHOOLED: -----	CURRENT RECOMMENDATION OF TEACHER: AVAILABLE: ----- NOT AVAILABLE: -----

Student Name: _____

Family

Household:

Parent's marital status (relative to each other):

- Never Married
- Married
- Civil Union/ Domestic Partners
- Widowed
- Separated
- Divorced

With whom does the child make permanent home? _____.

- Parent 1
- Parent 2
- Both
- Legal Guardian
- Ward of the Court/State
- Other

How many siblings are in the home? _____

Student Name: _____

Parent 1

_____ Mother
_____ Father
_____ Unknown

Is parent 1 living? **Yes:** _____ **No:** _____ (Deceased)

Last Name: _____

Given Name: _____

Middle: _____

Home Address (if different from yours):

City: _____ **State:** _____ **Zip Code:** _____

Place of Birth: _____

Preferred Telephone:

Home: _____
Area/country/City code)

Cell: _____
Area/country/City code)

Work: _____
Area/country/City code)

E-mail: _____
(Please Print)

Occupation: _____

Employer: _____

Student Name: _____

Parent 2

_____ Mother

_____ Father

_____ Unknown

Is parent 1 living? Yes: _____ No: _____ (Deceased)

Last Name: _____

Given Name: _____

Middle: _____

Home Address: (if different from yours):

City: _____ State: _____ Zip Code: _____

Place of Birth: _____

Preferred Telephone:

Home: _____

Area/country/City code

Cell: _____

Area/country/City code

Work: _____

Area/country/City code

E-mail: _____

(Please Print)

Occupation: _____

Employer: _____

Student Name: _____

Legal Guardian

Relationship to Child: _____

Last Name: _____

Given Name: _____

Middle: _____

Home Address:

City: _____ State: _____ Zip Code: _____

Place of Birth: _____

Preferred Telephone

Home: _____
Area/country/City code)

Cell: _____
Area/country/City code)

Work: _____
Area/country/City code)

E-mail: _____
(Please Print)

Occupation: _____

Employer: _____

Student Name: _____

Medical History – Part 4

Check any of the following diseases; give dates of immunization.

___ Rheumatism	Date Immunized _____
___ Whooping Cough	Date Immunized _____
___ Diphtheria	Date Immunized _____
___ Measles	Date Immunized _____
___ Typhoid	Date Immunized _____
___ Pneumonia Chicken Pox	Date Immunized _____
___ Diphtheria Immunization	Date Immunized _____
___ Small Pox	Date Immunized _____
___ Scarlet fever	Date Immunized _____
___ Influenza	Date Immunized _____
___ Cholera	Date Immunized _____
___ Polio	Date Immunized _____
___ Smallpox	Date Immunized _____
___ Tonsillitis	Date Immunized _____
___ Mumps	Date Immunized _____

Date of last **PHYSICAL EXAMINATION:**

Student Name: _____

STUDENT RESPONSIBILITY – PART 5

I UNDERSTAND THAT MY SUCCESSFUL EXPERIENCE DEPENDS UPON MY COMPLETION OF ALL HOMEWORK ASSIGNMENTS AND PARTICIPATION IN ALL ACTIVITIES OFFERED BY AGAPÉ JR. ACADEMY.

I UNDERSTAND THAT FAILURE TO MAINTAIN GOOD ACADEMIC STANDING, UPHOLDING OF RULES AND REGULATIONS, AND COOPERATION WITH ADMINISTRATORS, TEACHERS, AND STUDENTS WILL RESULT IN DISMISSAL FROM THE SCHOOL.

STUDENT SIGNATURE: -----

Date: -----

Student Name: _____

PARENT RESPONSIBILITY - **PART 6**

I UNDERSTAND THAT A SUCCESSFUL EXPERIENCE OF MY CHILD DEPENDS UPON HIS/HER REGULAR ATTENDANCE, COMPLETION OF HOMEWORK, CLASS ASSIGNMENTS, AND PARTICIPATION IN ACTIVITIES AT **AGAPÉ JR. ACADEMY**.

AS A PARENT, I WILL ENSURE THAT MY CHILD COMES TO SCHOOL WITH A POSITIVE ATTITUDE, A WILLINGNESS TO LEARN, AND WILL COOPERATE WITH THE SCHOOL'S POLICIES.

In the event of withdrawal one month's advance notice must be given or one month's tuition will be charged.

PARENT SIGNATURE: -----

Date: -----

Student Name: _____

Responsible Parent / Guardian SS#: _____

FINANCIAL AGREEMENT - PART 7

MAKE ALL CHECKS PAYABLE TO: **AGAPÉ JR. ACADEMY**

APPLICATION FEE: (non-refundable)	\$25.00
REGISTRATION FEE: (non-refundable)	\$400.00
TESTING FEES: (Incoming and Home Schooled students)	\$35.00
TUITION: (monthly)	\$400.00
OTHER:	\$ _____
Total Due:	\$ _____

TUITION PAYMENT OPTIONS:

DIRECT DEPOSIT. CHECK. CREDIT CARD. MONEY ORDER. CASH APP.

Please see the Principal for other available options

I ACKNOWLEDGE FULL RESPONSIBILITY FOR MAKING TUITION PAYMENTS ON TIME, AND I UNDERSTAND THAT MISSING A PAYMENT WOULD RESULT IN A TEMPORARY INTERRUPTION OF MY CHILD'S EDUCATION. _____ (Please Initial)

I DECLARE THAT THE INFORMATION IN THIS APPLICATION IS, TO THE BEST OF MY ABILITY, IS CORRECT AND COMPLETE. _____ (Please Initial)

Student Name: _____

STUDENT EVALUATION FORM

Teacher's Name: _____
(Please Print)

Subject (s) taught: _____

School Address: _____

City: _____ State: _____ Zip Code: _____

Teacher's Telephone: () _____

Background Information

How long have you known the student?

How would you describe the student?

_____.

In which grade was the student enrolled when you taught him/her?

_____.

Student Name: _____

Compared to other students in his or her class, how do you rate the student in respect to the following terms in the chart below? (Please check)

	Below Average 1	Average 2	Good 3	Very good 4	Excellent 5	Outstanding 6
Academic Achievement						
Quality of writing						
Creative						
Respect for teachers						
Respect to staff						
Maturity						
Motivated						
Leadership						
Integrity						
Reacts to setbacks						
Concern for others						
Respect peers						
Independent						
Respects Classroom Environment						

Student Name: _____

EMERGENCY MEDICAL AUTHORIZATION

(Please initial each of the following labeled a, b, and c.)

- a) I authorize **AGAPÉ JR. ACADEMY**, to secure medical attention and care for my child if it is deemed necessary because of injury or illness. I will assume responsibility for payment for services rendered. _____
- b) I authorize _____ to pick-up my child/children. _____
- c) I authorize **AGAPÉ JR. ACADEMY, INC** to transport my child/children on school related field trips. _____

DISCRIMINATION POLICY

IT IS THE POLICY OF AGAPÉ JR. ACADEMY, INC NOT TO DISCRIMINATE IN ITS STAFF, BOARD, VOLUNTEERS, VOLUNTEER COMMITTEES, STUDENTS, EDUCATIONAL PROGRAMS, ACTIVITIES, ADMISSION, EMPLOYMENT POLICIES OR RECIPIENTS OF SERVICES ON THE BASIS OF A PERSON'S RACE, RELIGION, GENDER, SEXUAL ORIENTATION, AGE, NATIONAL ORIGIN, ANCESTRY, MARITAL STATUS, VETERAN STATUS, MENTAL OR PHYSICAL DISABILITY OR ANY OTHER STATUS PROHIBITED BY APPLICABLE LAW.

PARENT SIGNATURE

SIGNATURE OF PARENTS	DATE