

PARENT/GUARDIAN COMMITMENT

The Academy is an evangelical school open to all qualified students regardless of religion, race, color, national, or ethnic origin. The Statement of Faith adopted by the Academy is limited to primary Christian doctrine, which is considered to be central to all Christian denominations, and which sets Christianity apart from other faiths.

1. We believe the Bible to be the inspired, the only infallible, authoritative, inerrant Word of God.
2. We believe there is one God, eternally existent in three persons—Father, Son, and Holy Spirit.
3. 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 God, His personal return in power and glory.
4. We believe in the absolute necessity of regeneration by the Holy Spirit for salvation because of the exceeding sinfulness of human nature; and that we are justified on the single ground of faith in the shed blood of Christ, and that only by God's grace and through faith alone we are saved.
5. We believe in the resurrection of both the saved and the lost—the saved to the resurrection of life, and the lost to the resurrection of condemnation.
6. We believe in the spiritual unity of believers in our Lord Jesus Christ.
7. We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life.

These truths are the key elements of Christianity that will be unapologetically taught in various ways through all grade levels. If your child is accepted as a student you understand and acknowledge that your child will be taught according to these beliefs and that no student will be excused or exempted from any activity based upon a parent's objection to these beliefs.

Should your child need additional education services not routinely provided by the Academy, you agree to provide such services or compensate the school for any additional expense required to meet these exceptional services, i.e. tutoring, special education and other resource programs, occupational and speech therapy.

I understand that any false or significant omission in this application may disqualify my child from admission and may be justification for dismissal from the Academy if discovered at a later date.

Your signature below indicates you support the Academy in this philosophy and ministry.

Date

Date



NOTICE OF NONDISCRIMINATORY POLICY AD TO STUDENTS

In accordance with Title VI of the Civil Rights Act of 1964, it is the policy of the Academy to admit students of any race, religion, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students in the Preschool and Elementary school program. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its policies, admissions policies, class assignments, scholarship programs, and other school-administered programs. All persons or organizations having occasion to either refer children for admission or to recommend the Academy are advised to do so without regard to their race, religion, color, national and ethnic origin.



This entire application must be completed (*please print*) and returned to the Academy with the required \$75.00 non-refundable application fee *before* applicants can be considered for admission. Upon acceptance, additional information will be required, including immunization records and a certified birth certificate.

STUDENT INFORMATION

Applicant's full name: _____
Last First Middle Preferred Name

Date of birth: _____ Gender: Male Female

Currently in grade: ____ Applying for grade: 6th 7th 8th (must be the appropriate age for the grade by September 1) For year: _____

Has applicant previously applied for admission to the Academy? Yes No

Has applicant previously attended the Academy (preschool or elementary)? Yes No

PARENT/GUARDIAN INFORMATION

FATHER:

MOTHER:

Title: _____ First Name: _____

Title: _____ First Name: _____

Last Name: _____

Last Name: _____

Home Address: _____

Home Address: _____

City: _____ State: _____ ZIP Code: _____

City: _____ State: _____ ZIP Code: _____

Home Phone: _____ Cell Phone: _____

Home Phone: _____ Cell Phone: _____

Occupation: _____

Occupation: _____

Place of Employment: _____

Place of Employment: _____

Business Phone: _____

Business Phone: _____

Email Address: _____

Email Address: _____

If applicant lives with someone other than parents, please state: _____

APPLICANT'S SIBLINGS:

<i>Name</i>	<i>Age</i>	<i>Current Grade</i>	<i>School Currently Attending</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

STUDENT ACADEMIC HISTORY

List other schools your student has attended, beginning with the most recent:

School: _____ Grade: _____ Year(s): _____

Address: _____
Street City State Zip

School: _____ Grade: _____ Year(s): _____

Address: _____
Street City State Zip

Please have your child's current teacher complete the teacher recommendation page.

A copy of your child's most recent report card should also be submitted with the application.

Has your child ever repeated a grade(s)? _____ If yes, which grade(s)? _____

Please state the reason for the retention: _____

Has your child ever skipped a grade(s)? _____ If yes, please indicate the grade(s) skipped and the reason: _____

What do you view as your child's educational strengths?

What do you view as your child's educational weaknesses?

Does your child experience any special difficulties with learning? Yes No

Has a teacher recommended testing for your child? Yes No

Has your child ever been diagnosed with Attention Deficit Disorder (ADD)? Yes No

Has your child ever been diagnosed with Attention Deficit/Hyperactivity Disorder (ADHD)? Yes No

Had an Individualized Education Plan (IEP) ever been devised for your child? Yes No

Has a 504 Plan ever been devised for your child? Yes No

Does your child have any known or suspected emotional concerns? Yes No

Has your child ever been declared eligible for special services in a public school setting under Public Law 94-142 (IDEA)?

Yes No If yes, which services? _____

Has your student been tested for and/or enrolled in a special program (resource, learning disability, speech, gifted and talented, etc.)?

Yes No If yes, which programs? _____

Has your child ever been suspended or expelled from a preschool or school? Yes No

MEDICAL HISTORY

Please list any medication your child regularly takes: _____

Has your child had any of the following?

- | | | |
|--|---|--|
| <input type="checkbox"/> Chronic Ear Infection | <input type="checkbox"/> Poisoning | <input type="checkbox"/> Meningitis/Encephalitis |
| <input type="checkbox"/> Difficulty sleeping | <input type="checkbox"/> Head Injury | <input type="checkbox"/> Seizure |
| <input type="checkbox"/> Loss of consciousness | <input type="checkbox"/> Surgery | <input type="checkbox"/> High fever |
| <input type="checkbox"/> Hospitalization for illness | <input type="checkbox"/> Frequent sore throat | |

Other (specify): _____

Has your child been evaluated for or diagnosed with any of the following?

- | | | |
|---------------------------------|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Visual defects |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Allergies, please list: _____ | |

Does your child have any on-going physical or psychological health issues? Yes No If yes, please explain: _____

OTHER INFORMATION

We first learned of the *Academy* through:

- | | | |
|---|---|---|
| <input type="checkbox"/> Student currently enrolled | <input type="checkbox"/> Newspaper/Magazine | <input type="checkbox"/> Telephone book |
| <input type="checkbox"/> Website | <input type="checkbox"/> Parents of Academy | <input type="checkbox"/> Other |
| <input type="checkbox"/> Church literature | <input type="checkbox"/> Students | |

Two key factors influencing our decision to apply to the *Academy*:

- | | | |
|---|---|--|
| <input type="checkbox"/> Location | <input type="checkbox"/> Recommendation of a current family | <input type="checkbox"/> Displeasure with public schools |
| <input type="checkbox"/> Christian philosophy | <input type="checkbox"/> Academic Program | |

Are you a member of First Presbyterian Church? Yes No

Is anyone in your immediate family a member of First Presbyterian Church? Yes No

Do any of your family members have children enrolled in the *Academy*? Yes No