



Accredited by ICAA

Agape Academy
701 Napa Valley Drive
Little Rock, AR 72211
501-225-0068

www.agapeacademyonline.org

- REGISTRATION FEE
INTERVIEW
APPLICATION
DISCIPLINE FORM
FINANCIAL FORM
PERMISSION SLIP
HEALTH RECORD
BIRTH CERTIFICATE
RECORDS TRANSFER

Student Application

Student's Name: last first middle

Prefers to be called:

Sex Age Date of Birth Birthplace

Mailing Address Street City/State Zip

Email Address

Home Phone# Cell Phone # Work Cell #

School Attending or Last Attended School city/state zip

Last Grade Completed Principal's Name

Referred to Agape Academy by: Name

Father's Name Address

Mother's Name Address

Guardian Address

Employment of Father company job title phone

Employment of Mother company job title phone

Will Student Live at Home? If not, where and why

Other children under 18 years of age living with the family and ages:

Do you plan to enroll any of these children?

Responsible Adult to Contact if Parents/Guardian Cannot be contacted

Name Relationship

Address City State Zip Phone #

Please fill out this portion of the application as honestly and completely as possible. All information on this application is held as confidential.



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School

- 1. Is the student working on grade level or above all subjects?
2. Has the student been in resource classes?
3. Does the student have any learning difficulties/disabilities?
4. Has the student been paddled at school?
5. Has the student been retained, suspended or expelled from school?
6. Does the student have any mental, emotional or physical hardships which may effect his/her activities or progress?
7. Briefly describe the personality of your child

Home

- 1. How does your child get along with brothers and sisters?
2. What specific chores/responsibilities does he/she have?
3. Please describe the process you go through in disciplining your child in the event that he/she has just lied to you.
4. Describe your child's response to your authority and discipline
5. How much time daily does your child watch television?
6. My child has: complete control in choice of programs Limited control
7. No control

Church

- 1. What church are you a current, active, member of?
2. Pastor's Name Church Address
3. Church Phone Number Do you attend church regularly (2 or more services/activities per week)? (Y / N) Explain

(# of services per week, attend more than one church; which churches?)

Transportation Authorization

Who do you give permission to pick up your child?

- 1) Relationship to your child:
Phone
2) Relationship to your child: Phone

Permission Statement

I give Agape Academy permission for my child to take part in all school activities, including bus trips and sports activities. I also believe that discipline is necessary for the welfare of each student as well as for the entire school. I give my permission for my child's teacher and other Academy staff to make and enforce classroom regulations in the manner consistent with Christian principles and discipline as set forth in the Scriptures.



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Parent Signature

Date