



AGAPE ACADEMY
701 Napa Valley Drive
Little Rock, AR 72211
501-225-0068

www.agapeacademyonline.org

Questionnaire

Student Name last first middle

Address

City State Zip Home Phone

Male/Female Date of Birth Grade Entering

School last attended

School grade completed Principal's name

Parent/Guardian Name

Address

Mother's Cell Phone # Father's Cell Phone #

E-mail Address

Requirements for Applicant and Parent

- 1. Interview with Administration
2. Agree to comply with policies and procedures of Agape Academy

Payment Information

Table with 4 columns: Item, Amount, Method of payment, and Enrollment Date. Rows include Tuition, Tech Fee, Aftercare, and Registration.

Father's name Business telephone

Occupation: Name of firm

Mother's name Business telephone

Occupation: Name of firm

Are both parents living? Parents divorced Separated?

Name of guardian with whom the applicant is living

Person responsible for account

Name of church attending

Pastor Phone number

Year Born Again? Baptism in Holy Spirit?

Does the student have any physical handicap that the school may need to be aware of? If yes, explain

Has this student had any special learning difficulties?

Has this student been diagnosed with ADD/hyperactive?

Has this student ever been dismissed from current or from a former school?

If so, please explain the reason for dismissal

Has this student ever been suspended from current school or had any discipline problems?

If so, please explain

Why do you want your child to attend Agape Academy?

Parent's signature Date