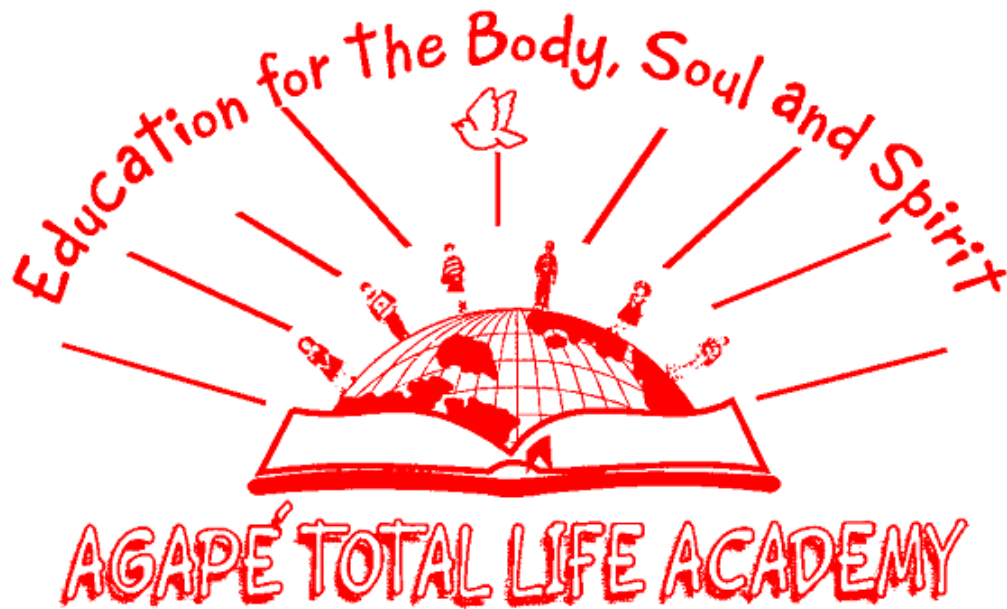


# The Agapé Total Life Academy



## APPLICATION FORM & INFORMATION PACKET

Revised 2021

## **New Student Enrollment Procedure**

**[Statement of Nondiscrimination] Agapé Total Life Academy admits students of any colour, national, and ethnic origin to all the rights, privileges, programmes, and activities accorded or made available to students at school. It does not discriminate based on colour, national, or ethnic origin.**

Once you decide to seek enrollment at Agapé Total Life Academy, the following information will be helpful:

1. Review the material found in your new student application packet.
2. Obtain and complete a New Student Application – **one per child**.
3. Complete a Student Application for each student who will be enrolled. It is necessary to complete all information prior to submitting the application for review, including the church membership statement.
4. **Complete the information requested on the Student Health Record.**
5. **Complete Authorization for Emergency Care to Minor(s).** This will remain in effect for as long as a student is enrolled at Agapé Total Life Academy and is to be updated annually.
6. **Read, sign, and notarized the Parental Agreement Statement (one form per child). This agreement will be in effect for as long as the family has students enrolled at Agapé Total Life Academy.**
7. Return New Student Application to the school along with **\$50.00** per student application fee. This is a **non-refundable fee** payable at the time of this application. **A student may be enrolled officially after this fee has been paid and the application accepted.**
8. Arrange for an entrance test for the students(s).

**Parents of students in grades K-5 to Grade 6 will set up an appointment for an interview with the School Principal (Phone# 494-7923). At the time of the interview, a copy of the student's transcripts and/or last academic report card will be required. After your child has been accepted into the academy, you must also bring an official copy of the student's health insurance, birth certificate, passport, two passport sized photos, and updated immunization card. (The law prohibits the enrollment of students without immunization records.) As part of the interview process, the student must be brought along with parents or legal guardians.**

**Entrance tests will be administered to all K-5 to Grade 6 students. Final grade placement of student will be determined by the school once all information is received.**

## **Agapé Total Life Academy Admissions Application**

**NOTE:** The application does not assure final enrollment but provides information upon which a decision will be based. **NON-REFUNDABLE APPLICATION FEE MUST ACCOMPANY THIS APPLICATION.** Your enrollment fee must accompany this form to go on the class waiting list. A copy of the birth certificate and immunization record must accompany this application form. Agapé Total Life Academy (ATLA) reserves the right to alter class selection based on final enrollment.

How did you hear about ATLA?

- Newspaper     Another ATLA Parent or Student  
 TV     Radio  
 Church Service     Other \_\_\_\_\_  
 Bulletin

<b>OFFICE USE ONLY</b>	Student ID# _____
1. <b>Date Received:</b> _____	K/Grade: _____
2. <b>Immunization Record:</b> _____	
3. <b>Birth Certificate/Passport:</b> _____	
4. <b>Health Insurance:</b> _____	
5. <b>(2) Passport Sized Photos:</b> _____	
6. <b>Transcripts Received:</b> _____	
7. <b>Parental Agreement Notarized:</b> _____	
8. <b>Application Fee Paid:</b> _____	
9. <b>Entrance Test:</b> _____	
10. <b>Interview:</b> _____	
11. <b>Parent Notified:</b> _____	
<b>CHECK LIST</b>	

- NONDISCRIMINATION POLICY:** ATLA admits students of any colour, national, and ethnic origin to all rights, privileges, programmes, and activities made available to students at the school. ATLA does not discriminate on the basis of colour, national, and ethnic origin in administration of its education policies, admissions policies, athletic, and other school administered programmes.
- GENERAL RECORD:** (check one)  New Student  Returning Student Year last attended: \_\_\_\_\_

Student \_\_\_\_\_  
 (Last Name) (First Name) (Middle Name)

Application for Kindergarten/Grade: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth (DD/MM/YYYY): \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 \_\_\_\_\_ mother  
 \_\_\_\_\_ father  
 \_\_\_\_\_ guardian

Physical Address: Apt # \_\_\_\_\_ House # \_\_\_\_\_ Street Name: \_\_\_\_\_

Mailing Address: P.O. BOX \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_

Resides with: (check one)  Mother/Father  Mother only  Father only  Guardian  Father/Step Mother  Mother/Step Father

Title (check one):  Mr. & Mrs.  Mrs.  Mr.  Miss  Pastor & Mrs.  Dr. & Mrs.  Mr. & Dr.  Mr. & Pastor

Name of Parent/Guardian: \_\_\_\_\_  
 (First Name) (Last Name)

Ethnic Category (check one)  Asian  Caucasian  Hispanic  American Indian  Black  Biracial  Oriental

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_  
 Phone Numbers: \_\_\_\_\_ (cell) Phone Numbers: \_\_\_\_\_ (cell)  
 \_\_\_\_\_ (work) \_\_\_\_\_ (work)  
 \_\_\_\_\_ (home) \_\_\_\_\_ (home)

Mother's Employer's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Father's Employer's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact's Name 1: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact's Name 2: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Means of transportation:  Car  Bus  Car Pool  Other: \_\_\_\_\_

**\*If Guardian – Please provide copy of guardianship documents.**

**FINANCIAL INFORMATION:**

**COMBINED INCOME RANGED: -**

- Less than \$15,000       \$30,000 to \$39,999
- \$15,000 to \$19,999       \$40,000 +
- \$20,000 to \$29,999

Is there any reason you would not be able to make your tuition payments?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was your child ever denied admission to a school? \_\_\_\_\_ If yes, why?

\_\_\_\_\_  
\_\_\_\_\_

Was your child ever suspended or expelled from school? If yes, why?

\_\_\_\_\_  
\_\_\_\_\_

Last school attended: \_\_\_\_\_

**SPIRITUAL RECORD:**

Home Church (Name): \_\_\_\_\_

(Address): \_\_\_\_\_

(Denomination): \_\_\_\_\_

Church now attending \_\_\_\_\_ Phone Number \_\_\_\_\_

Senior Pastor \_\_\_\_\_ Youth Pastor \_\_\_\_\_

Have you accepted Jesus Christ as your personal Lord and Savior? \_\_\_\_\_ Year \_\_\_\_\_

Have you been baptized? Yes \_\_\_\_\_ No \_\_\_\_\_ Year \_\_\_\_\_

**OTHER SCHOOL AGE CHILDREN IN FAMILY:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

**NAME OF PERSON(S) AUTHORIZED TO PICK UP STUDENT:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Your signature is verification that the information contained on this form is accurate.

---

**Signature of Mother**

**Date**

---

**Signature of Father**

**Date**

---

**Signature of Guardian**

**Date**

**PARENTAL AGREEMENT STATEMENT**

Name of Child (Oldest to Youngest): \_\_\_\_\_ Grade: \_\_\_\_\_  
Name of Child: \_\_\_\_\_ Grade: \_\_\_\_\_  
Name of Child: \_\_\_\_\_ Grade: \_\_\_\_\_  
Name of Child: \_\_\_\_\_ Grade: \_\_\_\_\_

**Tuition Payment**

Since the school has a financial obligation to its employees, students are considered enrolled for the entire school year. Tuition is calculated on the basis of the entire year; therefore, no reductions can be made for vacations or school holidays. If a student enters after the school year has begun, charges are pro-rated according to actual number of days enrolled. No deductions will be made for tuition during the school year, regardless of the cause of such absence. **All accounts must be paid in full on the 1<sup>st</sup> of each month, after the 15<sup>th</sup> a late fee of \$15.00 will be applied. In the case of the 15<sup>th</sup> falling on a weekend the late fee will be waived on the Monday of that week, after Monday the late fee will be applied.**

**Discipline**

I understand that sending my child to Agape Total Life Academy is a privilege and not a right. The goals of the school are not to reform, but to train Christian youth in the highest principles of Christian leadership, self-discipline, individual responsibility, personal integrity, and good citizenship. I also believe that discipline is necessary for the welfare of each student, as well as for the entire school. I give permission for my child’s teacher and/or other agent of the school to make and enforce classroom regulations and school policies in a manner consistent with Christian principles on discipline and discipline that is set forth in the *Education Act, 2004 Section 55*.

**Health Screening**

I give permission for my child to participate in the physical health fitness screening to determine height, weight, vision, hearing, body composition, and blood pressure.

**Observation/Evaluation Consent**

I hereby give permission for counseling, observation, and instruction to be provided for my child by personnel designated/approved through the school administration. These may include volunteers, health department employees, intern teachers, nurses, or administration from other institutions. Permission is also granted for the administration of tests to facilitate educational placement and determine appropriate study programmes according to individual student needs.

**Withdrawal Notice**

I agree that should I choose to withdraw my child, whether before the school year begins or during the year, I will make an appointment with a school official and sign the formal withdrawal form. I understand that if I withdraw my child after the first of the month, I will remain responsible to complete the month’s tuition.

### **Desks**

I understand that desks are property of the school and that the school has a right to search desks. The school is not responsible for items/articles lost or stolen.

### **Liability**

I further agree to hold the school and its agents harmless for any liability to my child or any guardian or parent thereof because of any claims on behalf of my child against the school or any agent thereof because of any injury or alleged injury to my child. Should legal action for any reason be taken against the school or any employee or agent thereof on my child's behalf and the school or its legal agent not be found at fault, I agree to pay any attorney fees, court fees, damages, or other costs that the school or its agent should incur to defend itself against such action.

**The Parental Agreement Statement will be in effect for as long as my child/children listed or others to be enrolled attend Agapé Total Life Academy, whether it be in the Nursery, Elementary, Junior, or Senior High or Summer School.**

**I understand that should my marital status change, it is my responsibility to have a corrected Parental Agreement Statement signed and updated and delivered to Agapé Total Life Academy.**

**I realize that the Christian school is an extension of me, the parent/guardian, and I pledge my prayerful support to the school administration and faculty. I will make every effort to work with the school personnel to ensure the best possible learning experience for my child.**

**I agree that my child will not be given any exemptions from participating in Christian prayers, holidays, and activities and no other religion will be allowed at Agapé Total Life Academy.**

**I have read and so understand the above information and request that my child be accepted to attend Agapé Total Life Academy.**

### **Statement of Faith**

- A. We believe the Bible is the inspired and only infallible authoritative Word of God. (II Timothy 3:16)**
- B. We believe that there is one God, eternally existence in three persons: Father, Son, and Holy Spirit. (I John 5:4-6)**
- C. We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious, and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father and in His personal return in power and glory. (I Corinthians 15:3, I Peter 2:21-24, and John 3:16)**
- D. We believe that for salvation of lost and sinful man, regeneration by the Holy Spirit is absolutely essential. (Romans 3:21-30 and Galatians 4:7)**

- E. We believe that the full consummation of the Baptism of believers in the Holy Spirit is evidenced by the initial physical sign of speaking with other tongues as the Spirit gives utterance, and by the subsequent manifestation of spiritual power in public testimony and service. (Acts 2:4, Acts 10:44-46, 19:2, 6: Acts 1:8, 2:42, 43, and Matthew 3:11)
- F. We believe in the resurrection of both the saved and the lost; that they are saved unto the resurrection of life and that they are lost unto the resurrection of damnation. (John 5:24, 28, 29)
- G. We believe that deliverance from sickness is provided for in the atonement and is the privilege of all believers. (Isiah 53:4, Matthew 8:16, John 5:14, I Peter 2:24)
- H. We believe in the eminent return of our Lord and Saviour Jesus Christ. (I Thessalonians 4:18 and Revelations 21:20)

I fully support the Statement of Faith and realize this is the foundation of all instruction my child will receive. I realize the admission of Agapé Total Life Academy depends upon being in agreement with the Statement of Faith.

---

Father's or Guardian's Signature Date

---

Mother's or Guardian's Signature Date

---

Notary Public

OFFICE USE ONLY				
Date notification sent to parent:				
Tuition Payment Option: (Circle)	Monthly	Quarterly	Yearly	Other
Application Fee Paid:	Book Fee Paid:	Tuition Paid:		
Comments:				



