



Internal Use Only

Date of Application _____

Application Fee _____

Interview Date _____

Application for the 2023-2024 School Year

Students entering Kindergarten **MUST be five on or before August 1st.**

Please **CIRCLE** grade: K 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th

*If K-1st, will you be signing up for a half day or a full day? Full Half

The information requested will be used to determine which students will be considered for admission to GlenHaven Academy. **All information must be provided before this application will be processed.**

Student Information:

Student's Legal Name

first

middle

last

Address

street city state zip

Phone (____) _____ Sex _____ Date of Birth _____

Does student have any food, environmental, or medication allergies? _____

If yes, please describe all allergies and required action: _____

Previous School (If applicable): _____

School Address (Street city state & zip)

Parent/Guardian Information:

Father/Step-Father/Guardian (Please Circle)

Name _____ Living with child? _____

Occupation _____ Employer _____

Business Phone (_____) _____ Cell Phone (_____) _____ Email _____

Mother/Step-Mother/Guardian (Please Circle)

Name _____ Living with child? _____

Occupation _____ Employer _____

Business Phone (_____) _____ Cell Phone (_____) _____ Email _____

Additional Adults able to pick-up or contact the applicant:

#1 Name:

Relationship to the Applicant:

Phone:

#2 Name:

Relationship to the Applicant:

Phone:

Other Children Under The Age of 18 Living With Family

Name Age School Attending Grade Do you Plan to enroll these at GHA? (Yes or No)

Please state why you want to enroll the applicant at GHA:

Check at what level the applicant is working: ___ (Above grade level) ___ (At grade level) ___ (Below grade level) ___(Unsure)

Does the applicant have any diagnoses/documentated learning difficulties? _____ Yes* _____ No

*If yes, please explain the diagnoses, documentation, treatment and current status.

***Note: Medication or educational documentation must be provided. Please see handbook for details about our policy on medication and curriculum.**

Does the applicant need any special consideration for learning disability or delay, physical disability, etc.? _____ Yes _____ No If yes, please explain:

Other than as noted above, has the student demonstrated problems with reading comprehension, attention/focus, social skills, organization, memorization, or doing homework? _____ Yes _____ No If yes, please explain:

Does the applicant take any medications regularly that influence behavior or learning during school?

_____ Yes _____ No If yes, please explain:

Does the applicant have any allergies that require special care or the presence of an EPIPEN?

_____ Yes _____ No If yes, please explain:

Has the applicant ever been retained at grade level, suspended, expelled, or asked to withdraw from a school? _____ Yes _____ No _____ Not Applicable

If yes, please explain:

Has the applicant ever had an in-school suspension? _____ Yes _____ No _____ Not Applicable If yes, please explain:

Is the applicant presently in good standing (eligible for re-admission) with the school he/she last attended?

_____ Yes _____ No _____ Not Applicable

If yes, please explain:

Are any financial or other obligations still owed to a previous school? _____ Yes _____ No If yes, please explain:

Does the applicant want to attend GHA? _____ Yes _____ No Please explain why or why not:

Do you agree as parent(s) to support all of the policies and standards of GHA as long as your child is enrolled?

_____ Yes _____ No If No, please explain:

*****Please carefully read through the GHA Parent/Student handbook before submitting this application.*****

Christian Background

Personal Testimony

Father: On the form provided, please give your personal Christian testimony of salvation experience.

Mother: On the form provided, please give your personal Christian testimony of salvation experience.

Bible

Do you believe the Bible to be the ONLY inspired and infallible Word of God, our final authority in all matters of faith, truth and conduct?

_____ Yes _____ No Father's Signature _____

_____ Yes _____ No Mother's Signature _____

Statement of Faith

Please carefully read the seven essentials of faith in our parent handbook and indicate below your degree of support.

_____ I fully support the Statement of Faith as written without reservation.

_____ I support the Statement except for the area(s) listed and explained on a separate paper. The expectations represent either disagreements or items for which I have not yet formed an opinion or conviction.

Father's Signature _____

Mother's Signature _____

Church

What is your current local church affiliation? _____

Name of Senior Pastor _____

Are you presently an active member in good standing and regularly attending a local church?

Father: _____ Yes, for ____ years _____ No

Mother: _____ Yes, for ____ years _____ No

Does your family take part in church activities regularly? _____ Yes _____ No If No, please explain:

Family

Do you currently have trouble with managing the behavior of the applicant at home? _____ Yes _____

No If Yes, please explain:

Please check any of the following that may apply to the applicant:

_____ Violent/Aggressive Behavior

_____ Loses Temper Easily

_____ Nervous/Anxious Dishonesty

_____ Hyperactive

_____ Drug abuse

_____ Depression

_____ ADHD/ADD

_____ Vulgar Speech

_____ Seizures

_____ Disrespectful Other _____

Please explain any areas that were checked:

Describe the applicants' interests, hobbies or creative activities:

Is there anything you would like to add concerning the applicant?

Father's Personal Testimony

In the space provided please include your personal salvation experience and your relationship with Jesus Christ. Please be as specific as possible in providing the circumstances and scriptural basis for your decision to accept Jesus Christ as your personal savior. (Use separate sheet if needed).

Do you share the Gospel with others? How do you share the Gospel with others?

Father's Signature Date

Mother's Personal Testimony

In the space provided please include your personal salvation experience and your relationship with Jesus Christ. Please be as specific as possible in providing the circumstances and scriptural basis for your decision to accept Jesus Christ as your personal savior. (Use separate sheet If needed).

Do you share the Gospel with others? How do you share the Gospel with others?

Mother's Signature Date