

THE STEPS TO FOLLOW TO ENROLL YOUR DAUGHTER AT REFUGE OF GRACE ACADEMY

1. Fill out the application. Save the originals because we will need them at time of enrollment. You can submit your application through email or fax. Information is below:

Email: RefugeOfGrace@gmail.com

Fax: 417-276-2554

2. Your application will be reviewed and you will be contacted usually within 24 hours.
3. Your daughter will need a physical prior to enrollment. Your application can be reviewed prior to getting a physical but this must be completed prior to enrollment.
4. Once your application has been approved and you have received results from the physical, an enrollment date can be set.

Application and agreement for admission to:

Paper clip or staple photo here

REFUGE OF GRACE ACADEMY
10866 E. Highway 32
Stockton, MO 65785
(417) 276-2555
(417)276-2554 - fax
Ministry of Agape Baptist Church

Monthly tuition: \$2000.00 per month.
School uniform fee \$500.00 due upon arrival.
Enrollment fee is \$2750.00 due upon arrival.

Enrollment date: _____

THIS IS A PERMANENT RECORD. All entries must be answered. If information is unknown, every effort should be made to obtain it. This record will be very valuable in working with the family. If question asked is not applicable, please use the N/A (not applicable) letters. Write on the back or use other paper to give complete information. Final decisions for acceptance into program will not be made until after review of this application. The final decision will be made by the school director with God's leading.

Please type or print, using INK.

Name of person making application _____

Address _____

City _____ State _____ Zip _____ Phone _____

Work Phone _____ Occupation _____

Relation to parents and/or child _____

Who referred you to this school? _____

Have you made application to another institution? _____ Where? _____

Explain why you are looking for a Christian Academy, like this, for this child. _____

Part I -- General Information

Name of child for whom application is made: _____

Age _____ Birthplace _____ Birth date _____

US Citizen () YES () NO Ethnic background: _____

Height _____ Weight _____ Eye Color _____ Hair color _____

Scars/Tattoos/Body Piercings _____

Social Security # _____ Are both parents living? _____

Address _____

City _____ State _____ Zip _____ Phone _____

Church Member? _____ Where? _____

Pastor's Name _____ Pastor's Home Phone: _____

Does child make a profession of faith? _____ What are child's goals? _____

What are your goals for child's life? _____

Who does child live with? _____ Does this person have legal custody of this child? _____

Last grade completed: _____

Has your child ever been placed in a special education class due to learning disabilities or problems?
_____ If she has had any kind of learning problem, been tutored, or has been placed in a special class, explain what kind of class and why:

Does your child have any other special needs we need to know about?

Has child ever been in Christian Education (if yes, what kind) and/or the A.C.E. program? _____

Does this child receive Social Security or any other benefits? _____ Amount _____
To whom paid? _____

Does the child have felony arrests? () YES () NO

If yes, please explain: _____

Does the child have miscellaneous arrests? () YES () NO

If yes, please explain: _____

Has this child been involved in any other delinquent behavior or with the law in any other way? _____

Nature of problem: _____

Does child have any nervous habits _____

Does child have bedwetting or wetting herself problems _____

Does child have sleeping problems _____

Part II --- Family

Birth Father or Guardian:

Father's name: _____

Address () SAME as child or: _____

City _____ State _____ Zip _____ Phone _____

Birth date _____ Birth Place _____ S S # _____

Occupation _____ Monthly Income _____ Work Phone _____

Highest school grade completed _____ Other training _____

Church Member? _____ Where _____

Mental or physical handicaps _____

Divorced? _____ Remarried? _____ If deceased, date of death _____

Place _____ Cause of death _____

Does this person have custody of this child? _____ Can child have contact? _____

Birth Mother or Guardian:

Mother's name: _____

Address () SAME as child or: _____

City _____ State _____ Zip _____ Phone _____

Birth date _____ Birth Place _____ S S # _____

Occupation _____ Monthly Income _____ Work Phone _____

Highest school grade completed _____ Other training _____

Church Member? _____ Where _____

Mental or physical handicaps _____

Divorced? _____ Remarried? _____ If deceased, date of death _____
Place _____ Cause of death _____
Does this person have custody of this child? _____ Can child have contact? _____

If daughter's parents are divorced, does divorced parent have visitation, custodial, or any type of rights to the daughter? We must have copy of this court order. Explain in detail:

List **everyone** that lives in the same house as child and their relationship to child:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

List all brothers & sisters (including step-brothers/step-sisters) that live outside of the child's home:

Name	City, State	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

List all grandparents and step grandparents

Name	City, State	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Part III – Reason for Making Application

Please give your evaluation of this child's attitude towards:

1. You, the parent or guardian _____

2. School _____

3. Church _____

4. Correction & Discipline _____

What type of discipline was used at home _____

Has this child lied to you? _____ How many times? _____

Has this child used illness to miss school or get out of responsibilities? _____

How many times? _____

Has this child ever run away _____ How many times _____ How Long _____

Have you allowed your daughter to date? _____ Has these dates been with an adult chaperone? _____

If unchaperoned by adult, how many different boys has your daughter dated alone. _____

List names of boyfriends (DOB if possible) and wrong friends: _____

MEDICAL HISTORY
ADMISSIONS OFFICE
Refuge of Grace Academy
10866 E. Highway 32
Stockton, MO 65785

Name _____
Address _____

Child's Family Physician _____ Date of last physical _____
Address _____
Child's Dentist _____ Date of last dental checkup _____
Address _____

PERSONAL HISTORY

Everyone must answer all questions for past and present. If yes, please explain.

____ Wear glasses _____	____ Kidney Trouble _____
____ Have glasses in good condition _____	____ Liver Disease _____
____ Hearing trouble _____	____ Skin Problems _____
____ Speech trouble _____	____ Stomach Ulcer/Gastritis _____
____ Hay Fever _____	____ Other stomach trouble _____
____ Allergies _____	____ Bowel trouble _____
____ Pneumonia _____	____ High Blood Pressure _____
____ Asthma _____	____ Gallbladder Trouble _____
____ Migraine Headaches _____	____ Heart Disease _____
____ Anemia _____	____ Chronic Cough _____
____ Trouble with teeth _____	____ Shortness of breath _____
____ Uncompleted dental work _____	____ Tuberculosis _____
____ Braces _____	____ Thyroid Disease _____
____ Mump/Measles _____	____ Scoliosis _____
____ Diabetes _____	____ Pregnancy _____
____ Chicken Pox _____	____ Any form of birth control _____
____ Seizures _____	____ Mental Disease _____
____ Rheumatic Fever _____	____ Use Drugs _____
____ Arthritis _____	____ Venereal Disease _____
____ Back trouble or injury _____	____ Syphilis or Gonorrhea _____
____ Shoulder, arm, hand injury _____	____ Sexually Transmitted Disease (Condyloma, HIV positive, Herpes) _____
____ Knee injury _____	
____ Operation _____	

List all medications taken regularly. _____

History of surgeries _____

Have you ever sought psychiatric/psychological counsel? Yes/No

Name of Doctor _____ City _____ State _____

Name of Facility _____ City _____ State _____

Dates of Care _____

(Please attach letter indicating reason, dates of care, hospitalizations, and medications.)

FAMILY HISTORY

(Give state of health or cause of death)

Father _____

Brothers _____

Paternal Grandparents _____

Mother _____

Sisters _____

Maternal Grandparents _____

MEDICAL EXAMINATION

To be completed by the physicians just prior to entrance.

NOTE TO PHYSICIAN: All of physical must be completed for admission. You must either note below that she is a virgin or ALL STD testing must be done. Please document any prior problems that would affect her from doing normal physical activity.

Name of Examinee _____ Age _____ Date _____

HEALTH CONCERNS AND STRENGTHS

Weight _____ Height _____ Eyes _____ Natural Hair color _____
Race _____ Temp _____ BP _____ Pulse _____

ABNORMAL FINDINGS:

General Health:

Thorough Lice Check:

Head and Neck:

Cardiorespiratory:

Abdomen:

Genito Urinary:

Skin:

Spine Extremities:

Neurological:

Vision:

PPD:
(Must have PPD within last 6 months)

PAST ILLNESS/HOSPITALIZATIONS:

IMMUNIZATIONS: DATES:

DPT _____
DT _____
DIPHtheria _____
PERTUSSIS _____
TETANUS _____
POLIO _____
TUBERCULIN _____
RUBELLA _____
MUMPS _____

**Must have 2 doses of MMR

Exposure to VD:

Treatment:

LAB: **Test by BLOOD ANALYSIS

UA _____
Hematocrit _____
PAP Smear _____
CBC _____
Chlaymadina _____
Gonorrhea screen _____
**RPR _____
**Pregnancy Test _____
**Herpes II-IFA Test _____
**AIDS test-T cell subtyping _____

Physical Limitations:

LIST ALL TATTOOS, SCARS, PIERCINGS

ASSESSMENTS:

SIGNATURE OF PHYSICIAN _____ DATE _____